



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

Champaign County Mental Health Board (CCMHB)

WEDNESDAY, April 17, 2019

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

1. Call to Order - Margaret White, President
2. Roll Call
3. Citizen Input/Public Participation
The CCMHB reserves the authority to limit individual public participation to five minutes and limit total time to 20 minutes.
4. Approval of Agenda*
5. President's Comments
6. New Business
 - A. PY20 Program Summaries (Pages 1-125)
Discussion of agencies' requests for funding. Glossary of terms, table of contents, and copies of the draft program summaries for the Behavioral Health-Criminal Justice Priority and the Innovative Practices/Access to Services Priority are in the Board packet.
7. Old Business
 - A. Schedules & Allocation Process Timeline (Pages 126-129)
Updated copies of meeting schedules and allocation timeline are included in the packet.

8. CCDDDB Information
9. Approval of CCMHB Minutes (Pages 130-134)*
3/20/19 and 3/27/19 minutes are included. Action is requested.
10. Staff Reports
Written staff reports are deferred.
11. Board to Board Reports
12. Financial Information
Acceptance of Claims Report is deferred.
13. Board Announcements
14. Adjournment

****Board action***

Agency and Program acronyms

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

CAC - Children's Advocacy Center

CC – Community Choices

CCCHC – Champaign County Christian Health Center

CCDDB – Champaign County Developmental Disabilities Board

CCHCC – Champaign County Health Care Consumers

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

CCMHB – Champaign County Mental Health Board

CCRPC – Champaign County Regional Planning Commission

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

CN - Crisis Nursery

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

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

DMBGC - Don Moyer Boys & Girls Club

DSC - Developmental Services Center

ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

ECMHS - Early Childhood Mental Health Services, a program of Champaign County Regional Planning Commission Head Start Department

FDC – Family Development Center

FS - Family Service of Champaign County

FN - Frances Nelson previously known as Frances Nelson Health Center Health Center. The Federally Qualified Health Center operated by Promise Healthcare

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

MAYC - Mahomet Area Youth Club

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

PEARLS - Program to Encourage Active Rewarding Lives

PHC – Promise Healthcare

PSC - Psychological Services Center (University of Illinois)

RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

RACES – Rape Advocacy, Counseling, and Education Services

RCI – Rosecrance Central Illinois

RPC – Champaign County Regional Planning Commission

UCPLL – United Cerebral Palsy Land of Lincoln chapter

UNCC – Urbana Neighborhood Community Connections Center

UP Center – Uniting in Pride Center

UW – United Way of Champaign County

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

Glossary of Other Terms and Acronyms

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

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

ACA – Affordable Care Act

ACMHAI – Association of Community Mental Health Authorities of Illinois

ANSA – Adult Needs and Strengths Assessment

APN – Advance Practice Nurse

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

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

ASD – Autism Spectrum Disorder

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

ATOD – Alcohol, Tobacco and Other Drugs

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

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

CBCL – Child Behavior Checklist.

CC – Champaign County

CCBoH – Champaign County Board of Health

C-GAF – Children’s Global Assessment of Functioning

CHW – Community Health Worker

CILA – Community Integrated Living Arrangement

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

CLC – Cultural and Linguistic Competence

CLST – Casey Life Skills Tool

CQL – Council on Equality and Leadership

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

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

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

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

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

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

DCFS – Illinois Department of Children and Family Services.

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

DD – Developmental Disability

DFI – Donated Funds Initiative, source of matching funds for some CCMHB funded contracts. The Illinois Department of Human Services administers the DFI Program funded with federal Title XX Social Services Block Grant. The DFI is a “match” program meaning community based agencies must match the DFI funding with locally generated funds. The required local match is 25 percent of the total DFI award.

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

DHS – Illinois Department of Human Services

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

DSM – Diagnostic Statistical Manual.

DSP – Direct Support Professional

DT – Developmental Training

EI – Early Intervention

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

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

ER – Emergency Room

FACES – Family Adaptability and Cohesion Evaluation Scale

FAST – Family Assessment Tool

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

FOIA – Freedom of Information Act.

FQHC – Federally Qualified Health Center

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

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

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

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

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

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

ICADV – Illinois Coalition Against Domestic Violence

ICASA – Illinois Coalition Against Sexual Assault

ICDVP - Illinois Certified Domestic Violence Professional

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJIA - Illinois Criminal Justice Authority

ID – Intellectual Disability

IDOC – Illinois Department of Corrections

I&R – Information and Referral

IPLAN - Illinois Project for Local Assessment of Needs. The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. Based on the *Assessment Protocol for Excellence in Public Health* (APEX-PH) model, IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN

fulfills most of the requirements for Local Health Department certification under Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

1. an organizational capacity assessment;
2. a community health needs assessment; and
3. a community health plan, focusing on a minimum of three priority health problems.

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JDC – Juvenile Detention Center

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

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

LPC – Licensed Professional Counselor

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

MCO – Managed Care Organization. Entity under contract with the state to manage healthcare services for persons enrolled in Medicaid.

MCR – Mobile Crisis Response. Previously known as SASS. It is a state program that provides crisis intervention for children and youth on Medicaid.

MDT – Multi-Disciplinary Team

MH – Mental Health.

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

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

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

NMT – Neurodevelopmental Model of Therapeutics

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

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

OMA – Open Meetings Act.

ODD/SUD – Opioid Use Disorder/Substance Use Disorder

PAS – Pre-Admission Screening

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning

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

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

PPSP – Parent Peer Support Partner

PTSD – Post-Traumatic Stress Disorder

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

PWI – Personal Well-being Index

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

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

QIDP – Qualified Intellectual Disabilities Professional

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

SA – Substance Abuse

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

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

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

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

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

SEDS – Social Emotional Development Specialist.

SEL – Social Emotional Learning

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

SSPC - Social Skills and Prevention Coaches.

SUD – Substance Use Disorder

TALKS - TALKS Mentoring (Transferring A Little Knowledge Systematically)

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

TPITOS - The Pyramid Infant-Toddler Observation Scale. Used by Champaign County Head Start.

TPOT - Teaching Pyramid Observation Tool. Used by Champaign County Head Start.

TPS – Truce Peace Seekers

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

WRAP – Wellness Recovery Action Plan, is a manualized group intervention for adults that guides participants through the process of identifying and

understanding their personal wellness resources and then helps them develop an individualized plan to use these resources on a daily basis to manage their mental illness.

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

CCMHB AGENCY PROGRAM PY2020 APPLICATION LIST (April 17, 2019)				
Agency	Program	Priority	Primary/Secondary Reader	Page
CCRPC - Community Services	Justice Diversion Program	BH-CJ	Rappaport/Moore	13-17
CCRPC - Community Services	Youth Assessment Center	BH-CJ	Moore/Sprandel	18-23
Champaign County Children's Advocacy Center	Children's Advocacy	BH-CJ	Sprandel/Patterson	24-29
Champaign County Health Care Consumers	Justice Involved CHW Services & Benefits	BH-CJ	Fowler/O'Connor	30-34
Family Service of Champaign County	Counseling	BH-CJ	Moore/Sprandel	35-39
FirstFollowers	Peer Mentoring for Re-entry	BH-CJ	Palencia/Fowler	40-44
Rosecrance Central Illinois	Criminal Justice PSC	BH-CJ	Palencia/Fowler	45-49
Rosecrance Central Illinois	Fresh Start	BH-CJ	O'Connor/Omo-Osagie	50-54
Rosecrance Central Illinois	Specialty Courts	BH-CJ	Moore/Sprandel	55-59
CCRPC - Community Services	Homeless Services System Coordination	IP/ABHS	Omo-Osagie/Rappaport	60-64
Champaign County Christian Health Center	Mental Health Care at CCCHC	IP/ABHS	Patterson/White	65-68
Champaign County Health Care Consumers	CHW Outreach and Benefit Enrollment	IP/ABHS	Palencia/Fowler	69-73
Community Svc Ctr of Northern Champaign County	Resource Connection	IP/ABHS	Omo-Osagie/Rappaport	74-78
Cunningham Childrens Home	ECHO Housing and Employment Support	IP/ABHS	Sprandel/Patterson	79-84
East Central IL Refugee Mutual Assistance Ctr	Family Support & Strengthening	IP/ABHS	Rappaport/Moore	85-89
Family Service of Champaign County	Self-Help Center	IP/ABHS	Sprandel/Patterson	90-95
GROW in Illinois	Peer-Support	IP/ABHS	Fowler/O'Connor	96-100
Promise Healthcare	Mental Health Services with Promise	IP/ABHS	Moore/Sprandel	101-105
Promise Healthcare	Promise Healthcare Wellness	IP/ABHS	Sprandel/Patterson	106-110
Rattle the Stars	Youth Suicide Prevention Education	IP/ABHS	White/Palencia	111-115
Rosecrance Central Illinois	Crisis, Access, & Benefits	IP/ABHS	Fowler/O'Connor	116-121
Rosecrance Central Illinois	Recovery Home	IP/ABHS	Rappaport/Moore	122-125

12



CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD
CHAMPAIGN COUNTY
MENTAL HEALTH BOARD

Agency: CCRPC - Community Services
Program: Justice Diversion Program

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$75,308
PY20 Total Program Budget: \$84,884
Current Year Funding (PY19): \$65,074
Proposed Change in Funding - PY19 to PY20 = 16 %

Focus of Application: Co-Occurring and/or Multiple Conditions
Type of Contract: Grant
Priority: Behavioral Health Supports for People with Justice System Involvement

Services/People Served

Target Population:

People with justice service involvement; individuals and families in Rantoul, Illinois who have had Crisis Intervention Team (CIT) or domestic offense police contact, whether initiated by the family or due to a police response. To fulfill an identified need for behavioral health support that goes beyond the scope and expertise of patrol officers. The majority of persons involved are hard-to-reach individuals from underserved populations including lower income and ethnic minority households. However, no parameters are placed on the target population regarding gender, age, income, or race/ethnicity by the program beyond the individual/family having had a CIT or domestic disturbance contact with the Rantoul Police Department (RPD). The JDP Coordinator will continue to encourage Officers to complete CIT forms according to the CIT Steering Committee guidelines.

Staff Comment: Population served is limited to the Rantoul area. Contact with Rantoul Police for crisis intervention or domestic offense are precipitating factors.

Scope, Location, & Frequency of Services:

Responding to an identified need for behavioral health support in Rantoul, the JDP aims to reduce the number of repeat calls to law enforcement for social emotional behavioral (SEB) needs by increasing available services, eliminating barriers to existing services and increasing individual's capacity to engage in treatment, while offering law enforcement an alternative to formal processing. Referrals for JDP services are accepted from RPD following CIT or domestic related calls, or as recommended by JDP Coordinator after reviewing daily RPD reports. Staff may be available for immediate response on location with police after safety has been ensured. JDP attempts to contact all individuals referred. Following contact, appointments are scheduled to complete the Adult Needs and Strengths Assessment (ANSA). The ANSA helps determine level of SEB needs, if crisis can be resolved without further action from JDP or RPD, or if resolution requires a treatment plan. When no plan for treatment is necessary, staff will offer information and/or resources to address the issue that precipitated the police involvement. When a plan for treatment is required, JDP provides short-term care planning, coordination and monitoring. Including, but not limited to linkages with: housing, mental health services, substance abuse services, counseling, education and vocational training, financial education, employment, and peer mentoring. Coordination and monitoring may continue for up to 3 months to ensure engagement. When service connection is not readily available, the program Coordinator provides support until the individual is accepted into services or the needs are met. Exit assessments will be completed to determine change in level of SEB needs. JDP will continue to work to increase the service options available within Rantoul and to streamline service connection and delivery through collaboration with services throughout the county. CCMHB is the primary funding source for the JDP and all of the aforementioned services. Location / Frequency: Staff are primarily located in Rantoul, Monday through Friday between 10 am and 6:30 pm with office hours at both RPD and the Community Service Center of Northern Champaign County (CSCNCC). However, hours vary to meet the needs of clients and RPD and weekend hours will be scheduled as needed. Outreach services may

be provided in clients' home and community environments, allowing for sensitivity to the specific needs and concerns of the clients' unique cultural backgrounds. Available outside of traditional business hours to accommodate client schedules. *Staff Comment: Proposal is to support programs' third year of operation. Scope of services is described in detail. Assessment instrument is identified. It also serves as the evaluation tool. Ancillary to the client engagement/case management activity, the primary focus of the program, is the convening of the Rantoul Service Providers Group to develop additional resources to meet client needs and those of the community at large. Frequency of contact with client engaged in case management is not indicated.*

Access to Services for Rural Residents: Although the direct client services will benefit residents of Rantoul, residents of the rural communities surrounding Rantoul will benefit from development of additional service options to be located in Rantoul. Services will be available to residents in Rantoul, Illinois. Justice Diversion program staff are located in Rantoul at the Rantoul Police Department, and the CNCNCC. Staff travel to consumers in community locations or their homes.

Access to Services for Members of Underrepresented/Minority Populations: As services develop in Rantoul, the Rantoul Community Service Providers meeting agenda will include efforts to identify and reduce barriers for residents from northern county rural areas. Services will be located in Rantoul at the Rantoul Police Department, the CSCNCC, at client homes or in the community.

Staff Comment: Service area is limited to Rantoul. Access is tied to contact with law enforcement for crisis intervention or domestic offense. Staff is based within city limits. Program scope includes effort to develop/expand providers with presence in northern Champaign County. Demographic data reflects engagement with underserved/minority populations.

Residency: Total Served in PY2018 =278 and in first half of PY2019 = 41

Champaign Set	1 (.4%) for PY18	0 (.0%) for PY19
Urbana Set	1 (.4%) for PY18	1 (2.4%) for PY19
Rantoul	270 (97.1%) for PY18	34 (82.9%) for PY19
Mahomet	0 (.0%) for PY18	1 (2.4%) for PY19
Other Champaign County	6 (2.2%) for PY18	5 (12.2%) for PY19

Demographics: Total Served in PY2018 =278

Age

Ages 7-12 -----	11 (4.0%)
Ages 13-18 -----	48 (17.3%)
Ages 19-59 -----	195 (70.1%)
Ages 60-75+ -----	15 (5.4%)
Not Available Qty -----	9 (3.2%)

Race

White -----	160 (57.6%)
Black / AA -----	117 (42.1%)
Asian / PI -----	1 (.4%)

Gender

Male -----	124 (44.6%)
Female -----	154 (55.4%)

Ethnicity

Of Hispanic / Latinx origin -----	17 (6.1%)
Not of Hispanic/Latinx Origin -----	261 (93.9%)

Program Performance Measures

CONSUMER ACCESS:

Individuals and families in Rantoul, Illinois who have had Crisis Intervention Team (CIT) or domestic related police contact, no parameters are placed on the target population regarding gender, age, income, or race/ethnicity by the program. Participant will be referred by Rantoul Police or have a police contact record.

Within 2 days from referral, 100% of those referred will be assessed;

Within 0 days of assessment, 30% of those assessed will engage in services.

People will engage in services, on average, for 1 month.

Additional Demographic Data: household information, such as composition and income.

Staff Comment: The assessment of 100% of those referred is likely contingent on ability to contact the individual. The projected engagement rate is interpreted as follows: of those assessed, 30% will agree to services at that point in time and presumably another 20% would engage at a later date to meet the target of 50% of 'those referred receive services.'

CONSUMER OUTCOMES:

1. Increase individual's capacity to engage in treatment.
2. Decrease level of need for social emotional behavioral treatment.
3. Increasing available services in Rantoul.
4. Reduce number of repeat calls to law enforcement for social emotional behavioral needs.

Measured by:

1. Following client enrollment, staff will enter treatment plan client data into the CCRPC's client database. Data reports will be pulled and monitored for accuracy on a monthly basis.
2. Entry and exit ANSAs will be completed for all treatment plan clients. Staff will enter scores into CCRPC's client database. Reports indicating number and percent of clients with decreased level of needs will be pulled quarterly.
3. Number of new providers offering services in Rantoul will be reported during the Rantoul Community Service Providers meeting, noted in minutes and tracked and reported quarterly by the JDP Coordinator.
4. Number of repeat requests to RPD for social emotional behavioral needs will be tracked and reported quarterly by the JDP Coordinator.

Outcome gathered from all participants? No. Only individuals enrolled as treatment plan clients will have an exit assessment to compare change in level of need.

Anticipate 120 total participants for the year.

Will collect outcome information Quarterly

Is there a target or benchmark level for program services? No

Estimated level of change for this outcome is N/A

Staff Comment: Of the four outcomes listed only #2 has a clear means of measuring impact. No targets or benchmarks are associated with any of the outcomes. Results from the current year, year two of the program, could have been identified as establishing a baseline for comparison to the coming year, yielding an estimate of level of change associated with these outcomes, particularly outcomes #2 and #4 which have the potential for demonstrating the greatest impact. As written outcome #1 is not associated with any measure demonstrating an increase in client's capacity to engage in treatment.

UTILIZATION:

Treatment Plan Clients (TPCs): 50 Individuals enrolled in short-term care planning, coordination and monitoring based on entry assessment results. Coordination and monitoring may continue for up to 3 months to ensure engagement. When service connection is not readily available, the Coordinator will provide support until individual is accepted into services or needs met. Exit assessments will be completed to determine change in level of social emotional behavioral needs.

Non-Treatment Plan Clients (NTPCs): 70 Individuals whose assessment indicates that crisis can be resolved without further action from JDP or RPD and no plan for treatment is necessary. Staff will offer information and/or resources to address the issue that precipitated the police involvement.

Service Contacts (SCs): 250 Individuals and families who have had Crisis Intervention Team (CIT) or domestic related police contact, whether initiated by the family or due to a police response, who the JDP coordinator made attempts to contact, but was unable to contact or engage in services.

Community Service Events (CSEs): 24 Staff presentations, Rantoul Community Service Providers meetings, and community meetings/events.

PY20 Annual targets (per Utilization Form)

	TPC	NTPC	SC	CSE
Annual Target	50	70	250	24

From submitted quarterly Service Activity reports:

PY19 Mid-Year Total	22	19	66	7
PY19 Target	90	90	120	12
PY18 Full-Year Total	31	278	555	58
PY18 Target	150	500	1300	12

Staff Comment: Staff turnover in the first quarter of PY19 impacted the reported utilization for that quarter. PY18 was the first year of the program with no past performance to base initial targets. Some allowance is made for start-up and establishing presence and services in the community.

Financial Analysis

PY20 CCMHB Funding Request: \$75,308

PY20 Total Program Budget: \$84,884

Current Year Funding (PY19): \$65,074

Proposed Change in Funding - PY19 to PY20 = 15.7%

P19 request was for \$65,074

P18 request was for \$62,755 and award \$62,755. *Program was new in PY18.*

CCMHB request is for 89% of total program revenue. Other revenue is from In-kind Contributions = \$9,576 (11%).

Staff Comment: Last year, CCRPC allocated \$9,915 in Community Service Block Grant (CSBG) funds it controls to the program. Zero CSBG dollars are allocated for PY20. The increase funding for PY20 requested from the Board totals \$10,234. There is an error in the revenue report, with in-kind contributions not included in Total Agency column.

Expenses: Personnel-related costs of \$54,059 are the primary expense charged to CCMHB at 72% of \$75,308. Others are: Consumables \$1,200 (2%), General Operating \$2,000 (3%), Occupancy \$16,549 (22%), and Transportation \$1,500 (2%).

Staff Comment: Occupancy expense reflects indirect cost rate of 45% charged to the program. The indirect cost rate applied to CCRPC Head Start and to CCRPC Community Services applications is different. This approach is approved by Illinois DCEO: 45% on 100% of salaries, for benefit time and staff related overhead, is recorded under 'Occupancy' expense line. (CCRPC Head Start uses 45% on 85% of salaries, per GATA approved rate.) Total Agency, Total Program, and CCMHB budgets are balanced.

Program Staff - CCMHB Funds: 0 FTE Indirect and 0.91 FTE Direct. Total CCMHB-funded staff = 0.91 FTEs.

Total Program Staff: 0 FTE Indirect and 0.91 FTE Direct. Total Program = 0.91 FTEs.

Audit Findings: *An audit is required for this program but is part of the County Audit. PY18 audit not yet available and PY19 not due. If selected for funding in PY2020, the requirement will continue.*

CCMHB PY20 Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement: *Eligibility for services is tied to contact with Rantoul Police related to crisis intervention or domestic offense. Service provided is assessment and case management. Effort is also made to increase provider presence in Rantoul.*

Priority: Innovative Practices and Access to Behavioral Health Services

Priority: System of Care for Children, Youth, Families

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

The CLC Plan for Champaign County Regional Planning Commission matched the actions with National (Culturally and Linguistic Appropriate Services) CLAS Standards and the updated format that was outlined in the application. There is not a clear strategy of engagement for underrepresented or marginalized communities and rural communities outside of meetings and web presence. The populations that are outlined in the application are challenging to reach due to their ability to obtain housing and youth who are involved in multiple systems. In the application there is interagency collaboration to ensure access for the targeted populations.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *Services are limited to Rantoul area. Demographic data indicates engagement with underserved/minority populations.*

Inclusion and Anti-Stigma: *Application includes a commitment to using restorative practices, by staff who are trauma informed and culturally competent (reducing stigma); skills meant to aid staff in engaging people in services (promoting*

inclusion in services, important but distinct from fostering inclusive community). Individualized, intensive supports may be antidote to stigma as a barrier to recognizing, intervening, and reducing domestic violence.

Outcomes: *Three of four proposed consumer outcomes lack means of measuring impact. The use of the Adult Needs and Strengths Assessment (ANSA) is used to measure change occurring in clients receiving case management. No performance measure targets or benchmarks are associated with any of the four consumer outcomes. Of particular interest is demonstrating reduced repeat contact with Rantoul Police Department by those engaging in the program.*

Coordinated System: *While acknowledging the primary role of Rosecrance in crisis response and other programs engaged in screening and assessment, this proposal is a targeted on-site response in Rantoul. The case manager works closely with the Rantoul Police Department and has office hours at the department and at the Community Service Center of Northern Champaign County. The program is also convening meetings of local providers with an aim of improving access, identifying service gaps and other barriers, and seeking to expand availability of services.*

Budget and Program Connectedness: *Budget narrative includes reference to State approved indirect cost allocation rate, description of in-kind contributions, and adequate descriptions of expenses and personnel.*

Technical Criteria

Approach/Methods/Innovation: *Program uses the evidence based Adult Needs and Strengths Assessment (ANSA) to assess client needs and to evaluate change in clients receiving case management services. Research supporting the validity of the ANSA is referenced, with a link. Case manager embedded in Rantoul Police Department is a unique approach within Champaign County. As such, it is incumbent upon the provider to demonstrate impact through outcome measurement, for example, to reduce contact with Rantoul Police Department.*

Evidence of Collaboration: *Application references 8 entities with whom they have completed written working agreements. All either have direct working relationship with the program or presence in Rantoul.*

Staff Credentials: *Clearly identified. Primary staff person assigned to the program has a BSW and additional training relevant to the demands of the job. Staff receives weekly supervision, professional development as available.*

Resource Leveraging: *No, in fact other funding previously committed to the program appear to be supplanted with the increased funds requested from the Board.*

Process Considerations & Caveats

Contracting Considerations: *If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2020 contract:*

- Consumer outcome measures need to be strengthened.*
- Correction of minor error in financial forms.*
- Fourth quarter financial reports will be used to determine whether excess revenue is due to the Board.*

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

Recommendation: *Pending*



Agency: CCRPC - Community Services
Program: YAC (Companion Proposal)

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$87,040
PY20 Total Program Budget: \$395,885
Current Year Funding (PY19): \$76,350
Proposed Change in Funding - PY19 to PY20 = 14%

Focus of Application: Mental Health

Type of Contract: Grant

Priority: Behavioral Health Supports for People with Justice System Involvement

Services and People Served

Target Population:

Youth ages 10-17 arrested for minor and status offenses in Champaign County from police departments county-wide, as well as referrals from all school districts and community agencies in the county, and self-referral of families dealing with youth that have challenging behaviors. The YAC offers early intervention and diversion services to youth, particularly minority males, who are overrepresented in the juvenile justice system, and to youth whose behavior may be symptomatic of issues that would be best served by interventions outside the juvenile justice system. The Youth Assessment Center (YAC) Companion funds will be used to continue to target youth ages 10-17 who are assessed as moderate to high risk on the Youth Assessment and Screening Instrument (YASI), and referred two or more times to the YAC, by police departments, school districts, community agencies and families in Champaign County.

Staff Comment: While schools, providers, and self-referrals are potential referral sources, the criminal justice system, particularly law enforcement, account for 90% or more of referrals. This percentage is based on PY19 service data reported to the Youth Assessment Center Advisory Board. CCMHB funds support services to a subset of referred youth having demonstrated need for more intensive engagement.

Scope, Location, & Frequency of Services:

Scope: The Youth Assessment Center (YAC) serves as the primary point of entry for youth experiencing behavioral issues and at risk of involvement in the juvenile justice system, referring and linking youth and their families to community resources to address their individualized needs. Bachelor level case managers trained in Balanced and Restorative Justice, trauma-informed practices and Motivational Interviewing complete assessments and recommend treatment/services to support youth to be resilient, resourceful, responsible, and restored to positive community involvement. CCMHB Companion funding supports additional care such as trauma screening and more intensive support services to youth repeatedly referred to YAC, as compared to the one time referred youth with no to low risk level scores. Youth served under this grant are provided trauma specific screening, recommendations for evidence based, trauma focused, cognitive behavioral therapy, and assistance with service fees (when funding allows). Youth lacking protective factors and natural supports are offered regular face to face meetings with a case manager until they are accepted into referred services. Partners such as Rosecrance, the University of Illinois' Childhood Adversities and Resilience Services (CARS) Clinic, and Center for Youth and Family Solutions offer specialized assessments and/or treatment groups regularly on site at the Youth Assessment Center for Youth and Family Solutions. YAC staff facilitate periodic groups on site and in the community, focused on prevention and balanced and restorative justice, and may also include regular supervised community-based volunteering and community service groups. Because they are minors, they have parents or guardians. The YAC recognizes that addressing the needs of youth's families will increase the likelihood of positive progress and outcomes and assist by providing resource information and relevant services referrals for all family members.

Location / Frequency: Services will primarily occur at the Youth Assessment Center (YAC), located at 2011 Round Barn Road in Champaign. Services are also provided in schools in Champaign County. To support youth and families, services are offered in locations throughout the community, such as other CCRPC sites in north west Champaign and east Urbana, schools, the Rantoul Police Department and Community Center and other off-site locations provided by partnering organizations. The YAC provides services Mondays 8am-8pm, Tuesday-Friday 8am-8pm, Saturdays 12-8pm. *Staff Comment: While the scope of services is essentially unchanged from PY19, there is some shift to increasing access to groups on-site. E.g., CARS is said to offer trauma focused cognitive based therapy to YAC participants. YAC staff are trained in Moral Reconation Therapy for Youth, to be offered in 2019. There appears to be less emphasis on engaging with schools, mentioned last year but omitted here. Not indicated are: frequency of contact by YAC case managers with youth or family; or how often staff engage youth at community locations other than the YAC or other CCRPC facilities.*

Access to Services for Rural Residents:

Services are available to all youth in Champaign County, including those of rural areas. The YAC strives to provide outreach to middle schools and high schools throughout Champaign County. The Champaign County Sheriff's Office also works closely with the YAC. Youth from the medically underserved Townships - Ayers, Colfax, Crittenden, Pesotum, Philo, Raymond, Sadorus, Sidney, South Homer, and Tolono, will have opportunities for services through school referrals and referrals made by Champaign County police officers. CCRPC maintains relationships with all rural school districts and service providers located in the rural areas of the county. As necessary, staff visit offices in rural communities to provide program services.

Access to Services for Members of Underrepresented/Minority Populations:

Outreach at events that include members of underserved and underrepresented minority populations, such as:

- Urbana School District Unit #116 Latino Liaison Ivanhoe Estate Neighborhood Fair
- Rantoul Community Resource Fair
- CU Pridefest
- Church of the Living God Health and Wellness Fair

YAC staff are regularly present in middle and high schools to increase awareness of the YAC services and support increased engagement. Services will primarily occur at the Youth Assessment Center (YAC), located at 2011 Round Barn Road in Champaign. Services are also provided in schools in Champaign County. To support youth and families, services are offered in locations throughout the community, such as other CCRPC sites in north west Champaign and east Urbana, schools, Rantoul Police Department and Community Center, other off-site locations provided by partnering organizations.

Staff Comment: Access to rural residents is couched in terms of referrals received; the intent to provide rural outreach is stated, but there is not a definitive statement of when and where services are provided in rural areas of the county by YAC staff, and under what circumstances. Underrepresented/Minority Populations in Champaign and Urbana, particularly Champaign, have greater access to services as the primary service location is near Centennial High School. Program does utilize the Community Service Center of Northern Champaign County in Rantoul.

Residency: Total Served in PY2018 = 74 and in first half of PY2019 = 15

Champaign Set	43 (58.1%) for PY18	5 (33.3%) for PY19
Urbana Set	22 (29.7%) for PY18	6 (40.0%) for PY19
Rantoul	1 (1.4%) for PY18	1 (6.7%) for PY19
Mahomet	2 (2.7%) for PY18	0 (.0%) for PY19
Other Champaign County	6 (8.1%) for PY18	3 (20.0%) for PY19

Demographics: Total Served in PY2018 = 74

Age	
Ages 7-12 -----	8 (10.8%)
Ages 13-18 -----	66 (89.2%)
Race	
White -----	21 (28.4%)
Black / AA -----	46 (62.2%)
Asian / PI -----	2 (2.7%)
Other (incl. Native American and Bi-racial)	5 (6.8%)
Gender	

Male -----	52 (70.3%)
Female -----	22 (29.7%)
Ethnicity	
Of Hispanic / Latinx origin -----	2 (2.7%)
Not of Hispanic/Latinx Origin -----	72 (97.3%)

Program Performance Measures

CONSUMER ACCESS:

The Youth Assessment Center serves Champaign County youth ages 10-17 who are exhibiting behavioral issues, including youth who have had police contact. The CCMHB funding particularly supports more intense case management services for youth who have had more than one referral to the YAC and assessed moderate to high risk on the Youth Assessment and Screening Instrument YASI. Youth assessed as moderate to high risk on the Youth Assessment and Screening Instrument (YASI), and referred two or more times to the YAC, by police departments, school districts, community agencies and families in Champaign County. YAC staff provide community presentations to inform the public about the services. Outreach includes social service agencies, public forums and meetings, schools, local police departments, etc. Target populations also learn about the program through direct referrals from other service providers, brochure distribution, referrals from school professionals, and referrals from other program participants and their families. YAC program information is available on the CCRPC website, CCMHB/DDB resource guide, United Way's 211 system.

Within 21 days from referral, 75% of those referred will be assessed.

Within 90 days of assessment, 60% of those assessed will engage in services.

People will engage in services, on average, for: estimated average length of service engagement is 3-6 months

Additional Demographic Data: household information, such as composition and income will be collected.

Staff Comment: The program indicates it has the capacity to serve 100% of youth referred but projects timely assessment of 75% of those referred and timely engagement of 60% of those assessed. Timeframe for assessing youth is 3 weeks, and for successful engagement, 3 months. Considering that 90% of youth are referred as a result of contact with law enforcement/criminal justice system, outreach efforts to engage at-risk youth before involvement with the police does not appear to be having the desired effect.

CONSUMER OUTCOMES:

Outcome 1: Diversion of youth from justice system. The YAC aims to divert youth from the justice system, for both youth who have had police contact and been referred for station adjustment services and youth exhibiting behavioral issues. The YAC strives to divert at least 90% of youth from a juvenile court adjudication within one year of their YAC services.

Outcome 2: Increase in the level of protective factors for youth upon program exit. The goal is at least a 10% increase in the percentage of youth assessed with Moderate/High Protective Factors at exit as compared to the percentage at intake.

Outcome 3: Increase of resiliency within the youth referred. Service connection based on needs assessment will support individualized, meaningful services. Individuals/ families will be better informed of the services and resources available to assist them leading to increased utilization of services. At least 90% of participants will endorse having been informed of resource options and 50% will report successful linkage and utilization of recommended services.

Measured by:

Outcome 1: Court Services Records/Database: A comparison of juvenile court records tracked through court services with YAC Client Database to determine how many have been adjudicated during the fiscal year.

Outcome 2: Assessment tool: The Youth Assessment Screening Inventory (YASI) tool is used to measure difference in level of risk, along with protective factors, at intake and exit. The YASI system's reporting tool provides aggregate data for youth risk levels and protective factors at entry and at exit. An annual comparison of protective factors at intake compared to protective factors at discharge will be used to evaluate program impact.

Outcome 3: Assessment/ Database/Survey: The YASI will be used to identify individualized needs and guide the recommended service referrals. A pre and post service survey will be used to evaluate participants' increased knowledge of services available to address their needs. Utilize YAC Client Database to track service connections for clients.

Outcome gathered from all participants? Yes.

Anticipate 259 total participants for the year.

Will collect outcome information no less than annually. YASI risk scores are collected at a youth's intake and exit.

Is there a target or benchmark level for program services? Yes. Annually, from 2015-2017, at least 90% of youth served by the YAC did not have a juvenile court adjudication following their Youth Assessment Center intervention.

Estimated level of change for this outcome is: no less than 90% of youth served by the YAC, avoiding juvenile court adjudication within one year of their Youth Assessment Center intervention.

Staff Comment: Outcomes, evaluation tools/processes, and performance targets/benchmarks are clearly defined. This section is well done.

UTILIZATION:

Treatment Plan Clients (TPCs): 63 re-referred youth assessed at moderate to high risk and provided service referral and linkage.

Non-Treatment Plan Clients (NTPCs): 20 re-referred youth assessed to be no to low risk, indicating structured treatment services are not necessary.

Service Contacts (SCs): 50 - repeat referrals for whom the YAC team makes attempts to engage but is unable to contact and/or engage in services.

Community Service Events (CSEs): 60 activities related to program outreach, networking, staff development and program management, including staff presentations, trainings, partner meetings/activities, volunteer recruitment/training events and community meetings/events.

Other: 60 youth who are first time referrals to the YAC, regardless of assessed risk level, who are provided service referral and linkage.

Staff Comment: PY20 targets have been adjusted based on past performance. Other category target reflects a population not expressly targeted for service with CCMHB funds.

PY20 Annual targets (per Utilization Form)

	TPC	NTPC	SC	CSE	OTHER
Annual Target	63	20	50	60	60
From submitted quarterly Service Activity reports:					
PY19 Mid-Year Total	33	5	25	29	29
PY19 Target	75	30	50	50	50
PY18 Full-Year Total	61	19	46	57	
PY18 Target	144	10	40	50	

Financial Analysis

PY20 CCMHB Funding Request: \$87,040

PY20 Total Program Budget: \$395,885

Current Year Funding (PY19): \$76,350

Proposed Change in Funding - PY19 to PY20 = 14.0%

P19 request was for \$79,000

P18 request was for \$76,350 and award \$76,350

P17 request was for \$26,000 and award \$26,000

CCMHB request is for 22% of total program revenue. Other sources are: Grants -Champaign County = \$242,500 (61%), Grants - Village of Rantoul = \$8,616 (2%), Grants - CSBG = \$38,729 (10%), Grants - Champaign = \$15,000 (4%), and Grants - Urbana Local = \$4,000 (1%).

Staff Comment: PY20 total program revenue is increased over PY19. In addition to the increased funding requested from the CCMHB, other sources of increased support are CSBG, providing the majority of the increase, and the Champaign County Board. As a percentage of total program revenue, CCMHB support is essentially unchanged from PY19.

Expenses: Personnel related costs of \$58,800 are the primary expense charged to CCMHB at 68% of \$87,040. Other expenses are: Consumables \$765 (1%), General Operating \$7,375 (8%), Occupancy \$18,000 (21%), Local Transportation \$800 (1%), and Lease/Rental \$1,300 (1%).

Staff Comments: No CCMHB funds are allocated to Specific Assistance to help clients with fees that may pose a barrier to accessing services. Access to such assistance is alluded to in Services section of the application but noted as when "funding allows." Funds would need to be allocated for this purpose in order to be available. In addition, Specific Assistance amount attributed to Total Program is greater than Total Agency, and should instead be lower. Occupancy expense reflects indirect cost rate of 45% charged to the program. The indirect cost rate applied to CCRPC Head Start and to CCRPC Community Services applications is different. This approach is approved by Illinois DCEO: 45% on 100% of salaries, for benefit time

and staff related overhead, is recorded under 'Occupancy' expense line. (In contrast, CCRPC Head Start uses 45% on 85% of salaries, per GATA approved rate.) Total Agency, Total Program, and CCMHB budgets are balanced.

Program Staff - CCMHB Funds: 0.0 FTE Indirect and 1.12 FTE Direct. Total CCMHB = 1.12 FTEs.

Total Program Staff: 0.0 FTE Indirect and 4.25 FTE Direct. Total Program = 4.25 FTEs.

Staff Comment: Staff time charged to CCMHB is the same as PY19.

Audit Findings: an audit is required for this program and is included in the Champaign County Audit. PY2018 is not yet available, PY2019 not yet due. If selected for funding for PY20, requirement will continue.

CCMHB PY20 Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement: Primary referral source is law enforcement/criminal justice system. While there is a desire for increased referrals for at-risk youth prior to contact with law enforcement, the Youth Assessment Center does provide an assessment and referral to community services based on identified needs. On-going case management is offered to youth until successfully linked to services.

Priority: Innovative Practices and Access to Behavioral Health Services

Priority: System of Care for Children, Youth, Families

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

The CLC Plan for Champaign County Regional Planning Commission matched the actions with National (Culturally and Linguistic Appropriate Services) CLAS Standards and the updated format that was outlined in the application. There is not a clear strategy of engagement for underrepresented or marginalized communities and rural communities outside of meetings and web presence. The populations that are outlined in the application are challenging to reach due to their ability to obtain housing and youth who are involved in multiple systems. In the application there is interagency collaboration to ensure access for the targeted populations.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: Primary service location is the Youth Assessment Center located in Champaign. Other locations may also be used. Outreach to rural areas particularly schools, is referenced. Primary referral source is law enforcement/criminal justice system, accounting for 90% of all referrals.

Inclusion and Anti-Stigma: Applicant explains approach to reducing stigma as an outcome of limiting youth contact with the criminal justice system.

Outcomes: Consumer outcomes are well done. Concern with length of time identified in Access Outcome section to complete assessment and then engage youth in services.

Coordinated System: The Youth Assessment Center case managers provide assessment, referral and linkage, support services to youth, primarily those having contact with law enforcement. The YAC has established relationships with law enforcement, schools, and community providers. The YAC role is to assess level of need of referred youth and connect them to the most appropriate service.

Budget and Program Connectedness: Budget narrative includes reference to State-approved indirect cost rate, list of other revenue sources (grants), and descriptions of expenses and personnel. CCMHB funds are earmarked for supporting services to youth referred to the YAC two or more times. Percentage of personnel time allocated mirrors CCMHB funds as a percentage of the overall budget and presumably reflects the amount of time staff spend working with youth referred multiple times. No CCMHB funds are allocated for specific assistance to aid youth and families to pay fees associated with services they have been referred.

Technical Criteria

Approach/Methods/Innovation: The Youth Assessment Center provides assessment, referral and linkage, and support services. Assessments are completed using the evidence-based Youth Assessment Screening Instrument (YASI). The screening instrument is used to assess youths needs and to ascertain change in needs as part of outcome evaluation. Staff has been trained in Moral Reconation Therapy (MRT), an evidence based cognitive behavior approach proven effective in improving behavior and reducing recidivism. Use of MRT is expected to start with the new program year. The YAC has a written working agreement with the U of I Psychological Services Center Childhood Adversities and Resilience Services

(CARS) Clinic to provide Trauma Focused Cognitive Behavior Therapy, an evidence-based treatment, delivered onsite as part of a research project.

Evidence of Collaboration: *Application lists twelve entities with which the YAC has working agreements. This includes seven police departments, one school district, and four providers. Based on this list, be it only a sample or exhaustive, is the primary relationship of the YAC to law enforcement. Collaboration with schools and community discussed elsewhere as part of outreach efforts, is not supported here.*

Staff Credentials: *Education requirements, work experience, and specialized training are appropriate to the case manager positions. Two case managers are fluent in Spanish.*

Resource Leveraging: *Total funding to support the program is increased. In addition to an increase in CCMHB funds, increases in CSBG funds allocated to the program by CCRPC, and from the Champaign County Board from Quarter Cent for Public Safety funds. CCMHB funds as a percentage of total program revenue is the same as PY19.*

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2020 contract:

- *Error in expense form (specific assistance) should be corrected.*
- *Fourth quarter financial reports will be used to determine whether excess revenue is due to the Board.*

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

Recommendation: Pending



Agency: Champaign County Children's Advocacy Center
Program: Champaign County Children's Advocacy Center

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$52,754
PY20 Total Program Budget: \$322,003
Current Year Funding (PY19): \$47,754
Proposed Change in Funding - PY19 to PY20 = 10 %

Focus of Application: Mental Health
Type of Contract: Grant
Priority: Behavioral Health Supports for People with Justice System Involvement

Services and People Served

Target Population:

Multidisciplinary response to allegations of sexual and serious physical abuse of children under 18 years of age. Investigators may also interview older victims with developmental disabilities. Geographically, services are provided to young victims of alleged abuse who live in, have lived in, or who are currently located in Champaign County or Ford County. Services are free of charge to every child and their non-offending family member, regardless of whether a disclosure of abuse is made by the child. In 1989 the state of Illinois developed the Child Advocacy Center Act (55 ILCS 80) which states that each county shall develop a CAC with a written operational protocol to "ensure coordination and cooperation among all agencies involved in child maltreatment cases so as to increase the efficiency and effectiveness of those agencies, to minimize the trauma created for the child and his or her non-offending parents, caregivers or family members by the investigatory and judicial process, and to ensure that more effective treatment is provided for the child and his or her non-offending parents, caregivers or family members.

Staff Comment: There is no change to the population served. Agency serves specific statutorily defined population, investigating allegations of sexual and serious physical abuse of children under age 18 with an exception for adults with developmental disabilities who may also be interviewed at the CAC.

Scope, Location, & Frequency of Services:

Child-centered, evidence based, coordinated response to allegations of child sexual abuse and serious physical abuse. The CAC promotes healing and justice for young victims through the following services: a family-friendly space for the initial interview and parent meeting; a legally-sound, developmentally appropriate child forensic interview; comprehensive case management is provided by the CAC Family Advocate to help the family navigate the crisis; crisis counseling to the child and any non-offending family member; referrals to specialized medical services; and coordination of the investigation through multidisciplinary case reviews. Child forensic interviews may be conducted by any certified investigator, however, research shows the benefits from speaking with one of the CAC-based forensic interviewers (CAC-FI) in the following ways: conducts multiple interviews per week, benefiting from repeated practice of a specialized skill (local investigators may conduct as few as one interview per year), regularly attends training on working with special populations such as children with autism spectrum disorders or physical disabilities, regularly attends interviewing peer review, which research has shown is the single most important factor for skills improvement, regularly updates her knowledge of forensic interviewing protocols, insuring that each interview, crucial to the pursuit of justice for the child victim, is conducted in a legally-sound manner. The CAC contracts with four Master's-level clinicians certified in trauma-focused cognitive behavioral therapy to provide free crisis counseling services to the child and any non-offending family member. The CAC conducts evidence-based trauma screenings and schedules mental health assessments for victims, coordinates monthly Multidisciplinary Team Case Review meetings and conducts other periodic reviews of open cases; coordinates and facilitates local and regional peer review for investigators who conduct child forensic interviews; and participates in and coordinates community education and prevention services.

Location / Frequency: The facility is located at 201 W. Kenyon Road in Champaign (at CUPHD). Ample free parking, including handicapped parking, is adjacent to the facility, with a city bus stop in the parking lot. To ensure privacy and confidentiality, CAC has a locked entrance separate from the CUPHD. Counseling services at the following locations: Pamela Wendt, 100 N. Chestnut St. #225, Champaign; Stephanie Beard, 214 S. Garrard, Rantoul; Christine Washo, 1401 Regency Drive East, Savoy; and Ann Chan, 206 N. Randolph, Suite 420, Champaign. All CAC services provided daily. *Staff Comment: Program is an established contract with a long history of support from the CCMHB. No substantive changes to the scope of services from prior application. CCMHB funding supports administration, case management, and counseling services.*

Access to Services for Rural Residents:

Children and families referred to the Children’s Advocacy Center (CAC) who reside in the rural areas of Champaign County are eligible for all CAC services. Referring agencies typically ensure that families have transportation to the Center for the initial interview. In cases where the referring agency is not able to coordinate transportation the CAC contracts with a local cab company to ensure victims has access to the forensic interview and any ongoing support services deemed necessary for the family by the multidisciplinary team. The CAC Family Advocate offers referrals to families with services in or near their areas of residence. The CAC provides outreach and training to rural law enforcement agencies on the process for utilizing the CAC facility and the protocol for the multidisciplinary response to investigations of abuse. Rural residents will receive forensic interviews at the CAC facility. Referring entities will work with CAC staff to ensure that families have transportation to and from the CAC facility and any ongoing support services.

Access to Services for Members of Underrepresented/Minority Populations:

The CAC will engage and serve members of underserved or underrepresented minority populations by providing public speaking events, news articles and news interviews to target these audiences. The CAC serves all child victims under the age of 18 referred by law enforcement or the Department of Children and Family Services. All CAC services, with the exception of counseling, are provided at the CAC facility. CAC staff work with law enforcement and DCFS to ensure that all clients have access to services at the facility by providing transportation referrals when necessary. Counseling services are provided in Champaign, Savoy and Rantoul. CAC staff work with the clinicians to ensure clients have transportation to and from counseling appointments. CAC staff receive annual training on how to engage and serve clients of underserved or underrepresented populations. Underserved/underrepresented groups will receive forensic interviews at the CAC facility. Referring entities will work with CAC staff to ensure that families have transportation to and from the CAC facility and any ongoing support services.

Staff Comment: Due to the sensitive nature of the incident(s) being investigated, all forensic interviews and contact with the case manager occur at the CAC office in Champaign. Case management and referrals to counseling are driven by the interest of the child/family in receiving such services. Crisis counseling is provided by private practitioners under contract with offices in Champaign, Rantoul, and Savoy.

Residency: Total Served in PY2018 = 224 and in first half of PY2019 = 101

Champaign Set	79 (35.3%) for PY18	41 (40.6%) for PY19
Urbana Set	49 (21.9%) for PY18	26 (25.7%) for PY19
Rantoul	37 (16.5%) for PY18	15 (14.9%) for PY19
Mahomet	12 (5.4%) for PY18	4 (4.0%) for PY19
Other Champaign County	47 (21.0%) for PY18	15 (14.9%) for PY19

Demographics: Total Served in PY2018 = 224

Age

Ages 0-6 -----	64 (28.6%)
Ages 7-12 -----	83 (37.1%)
Ages 13-18 -----	76 (33.9%)
Ages 19-59 -----	1 (.4%)

Race

White -----	144 (64.3%)
Black / AA -----	59 (26.3%)
Other (incl. Native American and Bi-racial) -	21 (9.4%)

Gender

Male -----	61 (27.2%)
Female -----	163 (72.8%)
Ethnicity	
Of Hispanic / Latinx origin -----	32 (14.3%)
Not of Hispanic/Latinx Origin -----	192 (85.7%)

Program Performance Measures

CONSUMER ACCESS:

1. Children who are under 18 years of age who live in, have lived in or are currently located in Champaign or Ford County who alleged to have been sexually or severely physically abused.
2. Referrals for services are made only by law enforcement agencies or the Illinois Department of Child and Family Services for residents in Champaign or Ford County where allegations of sexual or severe physical abuse have been made.
3. The estimated length of time from referral to the provision of services is 48 hours. There is no formal assessment for eligibility.

The CAC has developed a protocol for the multidisciplinary investigation of child sexual and physical abuse. Multidisciplinary team members including the Chiefs of Police for Champaign County law enforcement entities, Champaign State’s Attorney’s office (SAO), SAO Victim Witness Advocates, SANE and Child Abuse Pediatricians, contractual clinicians and CAC staff sign a memorandum of understanding to ensure referred clients meet eligibility criteria. The target population is notified about the need for CAC services through referrals from Champaign County law enforcement entities and/or the Department of Child and Family Services. No other entities are permitted to initiate the investigation into allegations of child sexual abuse or serious physical abuse.

Within 1 days from referral, 100% of those referred will be assessed.

Within 2 days of assessment, 95% of those assessed will engage in services.

People will engage in services, on average, for 6-12 months.

Additional Demographic Data: Alleged perpetrators age, gender and relationship to victim, use of interpreter for the investigation, referring entity, date of referral, date of forensic interview/intake, name of individuals who observe the forensic interview, type of abuse/allegation, medical treatment received, non-offending caregiver’s age, race and gender, number of children served who were previously served by the CAC, number of youth in care served, number of referrals for counseling, number of clients who engage in counseling, length of engagement in counseling.

Staff Comment: Scheduling of interviews is initiated by the referral agency – law enforcement or DCFS. As part of the initial forensic interview the case manager will have the opportunity to meet with the child/family. Timeframes associated with referral, assessment, and anticipated length of engagement are identified.

CONSUMER OUTCOMES:

It is the goal of the CAC to provide justice and healing through an expedited investigation into allegations of child sexual abuse and serious physical abuse while minimizing trauma to the victim. The CAC and the multidisciplinary team will collaborate to reduce the number of times the victim has to tell their story. The CAC completes the short-term outcomes listed below which ultimately lead to the achievement of the following long-term outcomes: Hold the offender accountable for the crime, minimize trauma to survivors, reduce post traumatic stress disorder symptoms, limit the burden on the family, increased knowledge of child sexual abuse, increase safety of children.

CAC Logic Model short term outcomes:

1. Perceived neutral, safe, child and family friendly environment.
2. Child attends counseling session based on trauma screening in order to initiate/facilitate healing process.
3. Information gathered in legally sound manner
4. Increased provision of medical exams when necessary
5. Caregivers know why they are at CAC

CAC logic model data collection tools and individual(s) providing data:

1. Initial Parent Visit Caregiver Survey will be offered to every non-offending caregiver after the initial intake and forensic interview – the non-offending caregiver will provide the information.
2. Counseling spreadsheets (spreadsheet tracks when a referral to counseling is made, whether the child and/or caregiver attended a counseling session and the length of engagement in counseling services). Counselors will provide the data on their monthly billing reports.

3. Forensic Interview monthly report – the forensic interview and court clerks will provide information from 115-10 hearings.
4. Monthly family advocate report tracks medical exams – the family advocate, sexual assault nurse examiners and child abuse pediatrician will track and collect the data.
5. Initial Parent Visit Caregiver Survey will be offered to every non-offending caregiver after the initial intake and forensic interview – the non-offending caregiver will provide the information

Outcome gathered from all participants? Yes.

Anticipate 225 total participants for the year.

Will collect outcome information daily for each client served.

Is there a target or benchmark level for program services? Yes.

CAC Logic Model indicators:

1. 95% of caregivers report a safe environment
2. Number of referrals to counseling based on elevated scores on screening as well as verbal assessment
 - a. Percentage of referrals who follow through with counselors
 - b. percentage of referrals who go to more than one appointment (longer-term)
3. 80% of forensic interviews upheld through 115-10 hearing
4. 85% of clients referred for medical exams will receive medical exams
5. 90% of caregivers know why they are at the CAC (compared to the national benchmark of 85%).

Estimated level of change for each outcome:

CAC Logic Model indicators:

1. 95% of caregivers report a safe environment
2. Number of referrals to counseling based on elevated scores on screening as well as verbal assessment
 - a. Percentage of referrals who follow through with counselors
 - b. percentage of referrals who go to more than one appointment (longer-term)
3. 80% of forensic interviews upheld through 115-10 hearing
4. 85% of clients referred for medical exams will receive medical exams
5. 90% of caregivers know why they are at the CAC (compared to the national benchmark of 85%).

Staff Comment: Outcome measure, data collection and evaluation process, and performance targets are described in detail. CAC Logic Model identifies short term outcomes impacting long term goals. Logic model was developed in consultation with the U of I Program Evaluation Team.

UTILIZATION:

Treatment Plan Clients (TPCs): 200 children who: reside in Champaign County (including residential treatment facilities); AND have been interviewed as a potential victim regarding allegations of child sexual abuse or physical abuse; AND/OR fit Protocol to receive case management services and/or crisis counseling services from the CAC.

Non-Treatment Plan Clients (NTPCs): 25 children who: reside in Ford County; OR reside in Champaign County (including residential treatment facilities); AND have been interviewed as potential non-victim witnesses to child sexual abuse or physical abuse, OR are considered at risk of harm for child sexual or physical abuse, AND who did not disclose being victimized during the interview. (If the child discloses abuse, they become a treatment plan client); OR are over the age of 18 and have an intellectual, developmental, or behavioral disability; OR participated in courtesy usage of the Champaign County CAC for out-of-county or federal investigations.

Service Contacts (SCs): 185 – total of TPC and NTPC. This total will reflect Champaign County children only.

Community Service Events (CSEs): 12 - Child Abuse Prevention Month activities each April, public presentations (e.g., TV and radio appearances, newspaper interviews), consultations with underserved community groups (e.g., presentations to other service providers or to classrooms), small group meetings to publicize or promote the program.

Staff Comment: PY20 targets have been adjusted based on past performance. Agency experiences some fluctuation from year to year. SC target is projected number serviced from Champaign County but does not align with the TPC and NTPC targets as TPCs alone are greater than projected SC's. The CAC has a service contract with Ford County who clients are reported in the NTPC category.

PY20 Annual target (per Utilization Form)

	TPC	NTPC	SC	CSE
Annual Target	200	25	185	12
From submitted quarterly Service Activity reports:				
PY19 Mid-Year Total	167	15	101	7
PY19 Target	180	35	175	12
PY18 Full-Year Total	231	46	224	18
PY18 Target	130	10	140	12

Financial Analysis

PY20 CCMHB Funding Request: \$52,754

PY20 Total Program Budget: \$322,003

Current Year Funding (PY19): \$47,754

Proposed Change in Funding - PY19 to PY20 = 10.5%

PY19 request was for \$56,249

PY18 request was for \$37,080 and award \$37,080

PY17 request was for \$37,080 and award \$37,080

CCMHB request is for 16% of total program revenue. Other sources are United Way = \$2,000 (1%), Contributions - various = \$28,148 (9%), Grants - Illinois Attorney General = \$22,500 (7%), Grants - Illinois Victim's of Crime Assistance (CACI) = \$135,261 (42%), and Grants - Illinois Department of Children & Family Services = \$81,240 (25%).

Staff Comment: CCMHB revenue as a percentage of the total program budget is unchanged from PY19. Program did receive a 28% increase in CCMHB support from PY18 to PY19. Program requests a 10% increase over PY19 funding.

Expenses: Personnel related costs of \$47,006 are the primary expense charged to CCMHB at 89% of \$52,754. Other expenses are: Professional Fees/Consultants \$5,000 (9%) and Membership Dues \$748 (1%).

Staff Comment: Increase in the Professional Fees/Consultants line to fund trauma-informed crisis counseling provided to Champaign County cases. The amount allocated for this purpose represents the entire \$5,000 increase requested from the Board. Total Agency, Total Program, and CCMHB budgets are all balanced.

Program Staff - CCMHB Funds: 0.38 FTE Indirect and 0.13 FTE Direct. Total CCMHB = 0.51 FTEs.

Total Program Staff: 1.00 FTE Indirect and 2.50 FTE Direct. Total Program = 3.50 FTEs.

Staff Comment: Staff positions supported with CCMHB funds include the Executive Director and Case Manager.

Audit Findings: *An audit is required for this program and is included in the Champaign County Audit. PY2018 audit is not yet available and PY2019 not yet due. If selected for funding in PY2020, the audit requirement continues.*

CCMHB PY20 Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement: *Program serves children/youth who are victims of alleged sexual abuse or serious physical abuse and non-offending family members. Initial contact with CAC occurs through law enforcement or DCFs, with CAC staff conducting forensic interview. Case manager engages with family to complete the caregiver interview, assess family needs, and provide written materials on CAC services.*

Priority: Innovative Practices and Access to Behavioral Health Services

Priority: System of Care for Children, Youth, Families

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

CAC completed their Organization's CLC Plan and followed application instructions where the actions matched the National CLAS Standards. 7.5 Hours were allocated by the board of directors for training for Staff members. The Executive Director and CAC Governing Board will engage in the recruitment of diverse board members, staff, and Board and Multidisciplinary Team Members. CAC will conduct a community assessment that includes community demographics, analysis of disparities between those populations, methods the CAC will utilize to identify and address the gaps in services, strategies for outreach to unserved or underserved communities, and monitoring of effectiveness. An annual CLC Assessment is done that complies with the NCA Accreditation Standard for Cultural Competence. Annually renew/develop contracts with trauma-focused mental health clinicians that demonstrate a commitment to cultural

competence. There will be a quarterly outreach activity to engage underrepresented communities. The Family Advocate will refer clients to community-based services that are committed to cultural competence. Materials are being translated and printed in Spanish. An interpreter resource folder is updated by the Executive Director and CAC Staff.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: Use of the CAC is tied to the investigation of sexual abuse or serious physical abuse requiring interview of child victim in an appropriate setting. The CAC Office is located in Champaign. Investigating official (police or DCFS worker) provides transport for initial interview. Program assists vulnerable population at critical point in investigation of alleged sexual abuse. Provides additional supports to child/family to meet mental health and other identified needs.

Inclusion and Anti-Stigma: Not mentioned as an anti-stigma activity is the CAC's community education efforts each April as part of Child Abuse Prevention month. Use of multi-disciplinary team and forensic interviewer limits need for multiple interviews of child victims of sexual abuse, reducing child trauma, as does access to crisis counseling. The relationship to stigma could be made clear.

Outcomes: Clearly stated timeframes are associated with the initial interview. Engagement with the case manager or crisis counseling is less defined with overall engagement projected at six to twelve months. Consumer outcomes are improved over PY19. Program has engaged with the Program Evaluation Team to complete a logic model and develop outcome measures.

Coordinated System: Provides a specialized service, investigating allegations of child sexual/physical abuse and providing support services to victims and non-offending family members. Children Advocacy Centers are established under state statute.

Budget and Program Connectedness: Budget narrative includes adequate descriptions of all expenses and revenue sources. Personnel costs allocated to the executive director and case manager positions account for almost 90% of expenses charged to the Board. The \$5,000 increase in CCMHB funding requested is allocated to the professional fees/consultants line to support access to crisis counseling services provided by private practitioners. These expenses align with the scope of services associated with CCMHB funding.

Technical Criteria

Approach/Methods/Innovation: Agency is accredited by the National Children's Alliance. Forensic interviewers are certified in evidence based interviewing protocols and the screening tools are evidence based. Crisis counseling providers are certified in trauma-focused cognitive behavioral therapy. Links to on-line sources associated with the accreditation standards and certifications are included in the application.

Evidence of Collaboration: As one would expect, the CAC has written working agreements with multiple law enforcement jurisdictions and other criminal justice partners, DCFS, the crisis counseling therapists, and others involved in treating victims of sexual abuse.

Staff Credentials: Agency is accredited by the National Children's Alliance which includes standards for staffing. Education, work experience, and specialized training are referenced in the application.

Resource Leveraging: Multiple funders support the CAC functions. CCMHB funds are not used as local matching funds.

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2020 contract:

- Revise utilization targets based on Champaign County residency.
- Fourth quarter financial reports will be used to determine whether excess revenue is due to the Board.

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

Recommendation: Pending



Agency: Champaign County Health Care Consumers
Program: Justice Involved CHW Services & Benefits

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$54,775
PY20 Total Program Budget: \$96,854
Current Year Funding (PY19): N/A
Proposed Change in Funding - PY19 to PY20 N/A – a NEW request

Focus of Application: Co-Occurring and/or Multiple Conditions
Type of Contract: Grant
Priority: Behavioral Health Supports for People with Justice System Involvement

Services and People Served

Target Population:

Residents of Champaign County who are involved in the criminal justice system and who have mental illness and/or substance use disorders; individuals involved in Rosecrance Central IL services and/or referrals from the County Jail will be prioritized. We will also serve individuals in Champaign County, who have mental illness and/or substance use disorders, and are reentering the community following incarceration, are walk-ins, are self-referred, or are referred by other health care or mental health treatment providers in our community. CCHCC has been working with this target population for several years, through a subcontract with Rosecrance Central Illinois funded by the CCMHB. We have seen people’s lives stabilized and strengthened, and their health improved as a result of this work,

Staff Comment: Program serves adults involved with the criminal justice system and have a mental illness and/or substance use disorder (MI/SUD), particularly those in jail.

Scope, Location, & Frequency of Services:

The Community Health Worker services to be provided include enrollment in health insurance and other public benefit programs, help with maintenance of those benefits, case management, and education and outreach. The specific activities and supports include:

- Enrollment in Medicaid health insurance (including Medicaid Managed Care) or private plans through the Marketplace under the Affordable Care Act (as well as Medicare programs for those who are eligible by virtue of age or disability status);
- Enrollment in hospital/clinic financial assistance programs, such as Carle’s Community Care Discount Program, and OSF’s Financial Assistance Program;
- Help with prescription drugs through our in-house Rx Fund program which covers the costs of co-pays and prescriptions for low-income individuals, and, where appropriate, enrollment in pharmaceutical assistance programs to help cover the costs of prescription medications;
- Enrollment in SNAP (food stamps);
- Enrollment in SafeLink phone program;
- Access to affordable dental care and vision care; and
- Additional case-management, including warm-referrals and advocacy services as needed to help clients access other benefits and social services.

CCHCC will provide one full-time equivalent Community Health Worker to provide these services to the target population. CCHCC will continue to deliver these services at multiple locations, including:

1. Champaign County Jail (all locations);
2. CCHCC office in downtown Champaign;
3. Rosecrance Central Illinois (all locations);

4. Rantoul's Community Service Center of Northern Champaign County; and
5. As needed, at other locations where RCI clients are served, including for special events.

Staff Comment: Champaign County Health Care Consumers has been delivering these services under a CCMHB funded subcontract with Rosecrance. As a standalone application for PY20, the range of benefit assistance and access to other resources is provided is explained in more detail. Case in point is access to in-house prescription assistance. Various access points are identified but primary source of referrals is through the county jail. How often staff is present at any given location is not indicated.

Access to Services for Rural Residents:

The majority of Champaign County's justice involved individuals reside in Champaign-Urbana. County residents from these ten southern-most townships can be served through referrals from Rosecrance, the County Jail, and other health and social service providers. CCHCC will also conduct outreach directly to these townships to provide information about our services. We will focus on conducting outreach to the township offices, and also to various locations within the townships, including posting flyers at post offices, groceries, laundromats, etc. We will make every effort to serve rural residents who are in the County Jail while they are in the Jail. Otherwise, rural residents will be served in a number of different locations: our office in downtown Champaign, at other locations in C-U (including Rosecrance) if the resident is going to be in C-U for some other purpose, at Rantoul's Community Service Center of Northern Champaign County, and if needed, in the specific community where the rural resident(s) reside.

Access to Services for Members of Underrepresented/Minority Populations:

We will engage and serve people at the Jail, and on referral from Rosecrance and other entities. By locating our staff in the Jail, we will be able to directly engage and serve the individuals there, most of whom are people from underserved and underrepresented minority populations. We will also contact individuals by phone, and we will provide easy-to-understand written information. We also establish connections and credibility through word of mouth, from individuals whom we have helped and who help direct others to us.

We take a public health approach to providing our Community Health Worker services – we aim to provide our services where the people in need of those services are. We will continue to serve individuals in the County Jail, where many people from underserved and underrepresented groups are, as a result of involvement with the criminal justice system. In addition, we will serve people at our office in downtown Champaign, which is centrally-located and near bus lines, as well as various community and county locations described in other sections of this Program Plan.

Residency & Demographic data – N/A

Staff Comment: Commitment made to conduct outreach in rural areas. Primary access points for assisting clients are in Champaign and Urbana. Extent of presence at Community Service Center of Northern Champaign County is not indicated. Collaboration with the CCRPC Justice Diversion Program case manager working with the Rantoul Police Department is recommended, if not already established. With the focus on criminal justice involved populations and direct access provided in the jail, services are accessible to the overrepresented minority populations.

Program Performance Measures

CONSUMER ACCESS:

Individuals eligible for this program are residents of Champaign County who have mental illness and/or substance use disorders and involvement with the criminal justice system. Clients are also eligible by virtue of referrals by Rosecrance and the County Jail receive priority. We will rely on direct referrals from Rosecrance and the County Jail, as well as other social and health service providers. The County Jail conducts screenings for mental health and substance use disorder of every individual booked into the jail. We will also accept referrals from other law enforcement entities in Champaign County, including CIT. Likewise, individuals who self-report as having justice involvement and mental health and/or substance use disorder needs will be served through this program. People learn about this program through Rosecrance staff (inside and outside the Jail), Jail staff, and through direct outreach by CCHCC's staff member inside the Jail. Also, all individuals incarcerated in the Jail receive user-friendly handouts from CCHCC to let them know about our services. Other healthcare and social service organizations make referrals as well. We will also conduct outreach and education to a variety of organizations, including Daily Bread, CU at Home, Township offices, etc.

Within 2 days from referral, 90% of those referred will be assessed.

Within 1 day of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for Months or years. Enrollment in public benefits must be done on an annual basis, and sometimes every six months.

Additional Demographic Data: language preference/need, and homelessness. We do not collect data on immigration status, but we are frequently exposed to this information as a result of having to know what programs and benefits an individual may or may not be eligible for based on their status.

Staff Comment: Presence in the jail and existing relationships with referral sources as well as street outreach are key access points for reaching the target population. Length of engagement is tied to the need to reenroll in benefit programs on an annual basis. Unless an issue arises with coverage requiring advocacy or other need associated with accessing care, regular contact between enrollment periods would be limited. That data is collected on homelessness is an indication of the general population CCHCC engages with.

CONSUMER OUTCOMES:

This program will serve approximately 100 to 125 unduplicated clients and will result in these clients gaining and maintaining health insurance, SNAP, and other benefits and services. As a result of gaining health insurance, clients will gain access to needed care and prescriptions, food, free phones, dental and vision care, hospital financial assistance, and other benefits and services. Each client, on average, typically requires assistance with two applications. We anticipate providing assistance with approximately 200 to 250 applications. At intake, and throughout the process of working with the client, needs are identified and prioritized. Our Client Services Intake Form specifies the kinds of benefits and services the client needs. We track outcomes for each client, as we track enrollment in health insurance, SNAP, hospital financial assistance, and other benefits and services, so we now whether that need has been met.

Outcome gathered from all participants? Yes.

Anticipate 100 total participants for the year.

Will collect outcome information Daily, with each client encounter. Results are compiled on a monthly basis.

Is there a target or benchmark level for program services? Yes. The main target for program services is health insurance enrollment. Health insurance enrollment is verifiable. We can look up a person's health insurance status in the state's "Medi" system. Likewise, we can look up SNAP status as well. Enrollment in public benefits is easily verifiable.

Estimated level of change for this outcome is: insured status from uninsured, and/or enrollment or re-enrollment in a Medicaid Managed Care plan. We estimate this change in 90% of clients served through this program.

Staff Comment: Outcome measure is tied directly to successful completion of a given benefit application. Means for verifying enrollment in health insurance/Medicaid/Managed Care is identified. Target of 90% of clients completing enrollment.

UTILIZATION:

Treatment Plan Clients (TPCs): 140 - those who require more than one contact and who may have case management needs. For the purposes of this program, this is majority of the clients who will be served.

Non-Treatment Plan Clients (NTPCs): 20 - those who need a low-intensity of service, perhaps they simply need one contact and it is to get some information, guidance, or direction. Or they might be established clients who meet program criteria, but are very self-sufficient.

Service Contacts (SCs): 350 - service contacts as a result of serving approximately 100 clients in FY2020 through this program. Clients frequently require assistance with enrollment in more than one program, and some programs, like Medicaid and Medicaid Managed Care require redeterminations and help choosing appropriate plans. Clients also frequently receive mail from DHS that is confusing to them, and they bring us this mail or call us about it in order to get help understanding it and complying with requirements.

Community Service Events (CSEs): 6 to 8 CSEs through public presentations, presentations at adult education programs, meetings between agencies where we provide education and referral information, earned media from articles and interviews, and through distribution of informational materials.

Other: 30 - pertaining to our Rx Fund, which helps cover costs of medications for our clients. We track clients and the number of prescriptions covered, and the cost for the prescriptions per client. Many clients, even with Medicaid or Medicaid Managed Care, cannot afford the costs of co-pays. Also, when clients' Medicaid enrollment lapses or they are dropped, they need help covering the full cost of medications until they are successfully re-enrolled in Medicaid. Pharmacies require payment at the time of service, unlike health care providers who can provide services and then back-bill Medicaid for services provided in the 90 day "look back period" prior to when Medicaid enrollment was established.

Staff Comment: Level of engagement required varies between clients served (TPCs and NTPCs). Screening contacts reflect multiple contacts required to complete enrollment or assistance provided to enroll a client in multiple benefit plans due to multiple needs, e.g., health insurance, prescription assistance, and SNAP (food stamps). "Other" category is tied to prescription assistance benefit program managed by the agency.

PY20 Annual target (per Utilization Form)

	TPC	NTPC	SC	CSE	OTHER
Annual Target	140	20	350	6	30

Staff Comment: The CCHCC benefit assistance for criminal justice involved population has been operating under a subcontract with Rosecrance for a number of years, starting in PY14. Data reported under PY20 proposal will be more comprehensive than previously received. Clients reported served for the last three contract years: PY18 – 79; PY17 84; PY16 – 108. PY19 (six months data) – 49.

Financial Analysis

PY20 CCMHB Funding Request: \$54,775

PY20 Total Program Budget: \$96,854

Current Year Funding (PY19): N/A

Proposed Change in Funding - PY19 to PY20: N/A – a new request

CCMHB request is for 57% of total program revenue. Other sources are: Contributions - various = \$24,257 (25%); Grants - Healthy Illinois = \$10,692 (11%); Grants - Urbana = \$6,930 (7%).

Expenses: Personnel related costs of \$52,554 are the primary expense charged to CCMHB at 96% of \$54,775. Other expenses are: Professional Fees/Consultants \$100 (0%); General Operating \$75 (0%); Occupancy \$175 (0%); Specific Assistance \$120 (0%); and Equipment Purchases \$1,751 (for a laptop) (3%).

Staff Comment: Total Agency Budget does not match other application (Outreach), this proposal shows a total agency deficit of \$108,000. Total Program and CCMHB budgets are balanced. Professional Fees/Consultants line undercharges CCMHB for cost of audit: \$100. Specific assistance expense line reflects amount budgeted for prescription assistance charged to the Board. Equipment expense is to purchase laptop for working with clients in the field. Transportation expense is charged to program but not allocated to CCMHB. As a new applicant, agency has underestimated expense to be incurred to meet CCMHB specific audit requirements. Commitment to outreach and engagement in rural areas would incur an expense that is not budgeted.

Program Staff - CCMHB Funds: 0.30 FTE Indirect and 1.00 FTE Direct. Total CCMHB = 1.30 FTEs.

Total Program Staff: 0.40 FTE Indirect and 1.00 FTE Direct. Total Program = 1.4 FTEs.

Staff Comment: Agency has total staff of 6 employees. One Community Health Worker (CHW) is dedicated to the program fulltime. Support services provided to the CHW are listed as an indirect staff expense.

Audit Findings: N/A – not previously funded. An audit will be required if this proposal is selected for funding.

CCMHB PY20 Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement: *New stand-alone proposal to provide assistance with enrolling in benefit applications, primarily health insurance/Medicaid/Managed Care, to adults with MI/SUD involved with the criminal justice system. Advocacy/case management is also an element of services provided on behalf of the client. In the past this service was part of applications submitted by Rosecrance and funded as a subcontract. Enrollment in benefit plans enables the individual to access medical and behavioral healthcare.*

Priority: Innovative Practices and Access to Behavioral Health Services

Priority: System of Care for Children, Youth, Families

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence

Champaign County Health Care Consumers is a new organization that has submitted funding and has partnered with Promise Healthcare to provide services that have been funded by CCMHB previously. Their actions matched the National CLAS Standards that were outlined in CLC Plan. With both programs they are creating access for marginalized populations and underrepresented for mental health care while they are incarcerated as well as a plan of action upon their release from jail. Language services will be provided for clients once language and literacy needs have been assessed. Inter-agency collaboration is outlined in the program plan as well as the CLC Plan on how they will engage

clients that are not currently in jail. They reported that they will have annual CLC Training and work to build a diverse board of directors and workforce.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: While program commits to conducting outreach in rural areas of the county, primary access points are within Champaign and Urbana particularly the county jail. Due to the focus on serving adults involved with the criminal justice system and the overrepresentation of minority populations within that system, program does address needs of underserved populations.

Inclusion and Anti-Stigma: Response links enrollment in benefit plans to increased access to healthcare thereby reducing stigma. Commitment to warm hand-offs as part of the work CCHCC does in advocating for clients promotes dignity and respect. Inclusion, as interpreted here by CCHCC, is accomplished by serving a marginalized population. This addresses non-discrimination; community awareness activities (not identified here) have anti-stigma impact.

Outcomes: Access and consumer outcomes are sufficient to measure impact of proposed services. Utilization data will provide additional detail beyond that currently reported.

Coordinated System: Various providers may assist with benefit enrollment but frequently is limited to established patients. CCHCC has working agreements in place with many of these healthcare providers. Unique aspects of CCHCC services is the presence in the jail and breadth of benefit assistance that can be provided beyond health insurance enrollment.

Budget and Program Connectedness: Budget Narrative includes adequate explanations of expenditures, revenue sources, and personnel. Funded personnel and associated expenses align with scope of services. Some minor deficiencies within the financial forms require correction. Some expense lines appear under-budgeted, i.e. audit expense.

Technical Criteria

Approach/Methods/Innovation: Research demonstrating the value of enrolling an uninsured person in Medicaid or other insurance plan coverage is cited, including specific reference to enrolling the uninsured in jails. Links to sources provided. Participation in local initiatives and coordination with other providers is also mentioned and the progress achieved in Champaign County leading to the county's designation as a national Stepping Up Innovator County.

Evidence of Collaboration: Written working agreements with various service providers and criminal justice partners align with the mission of CCHCC and in specific cases, the scope of this proposal. Omitted is a relationship with Rantoul providers.

Staff Credentials: Work experience, training, and certifications of the Community Health Worker assigned to the program, and for the agency, are described. This staff member has been providing these services since the first year of the subcontract, PY14, and is also bi-lingual.

Resource Leveraging: Requested funding from the Board represents 57% of total program revenue. CCMHB funds are not used as match. Contributions and other grants account for the balance of program funding. Clients not charged a fee.

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2020 contract:

- Total Agency Revenue does not match that reported in Outreach and Benefit Enrollment application, requiring revision/correction.
- Audit expense charge needs to be revisited/adjusted, proportional to MHB share of total revenue.

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

Recommendation: Pending



Agency: Family Service of Champaign County / Program: Counseling

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$30,000
PY20 Total Program Budget: \$63,740
Current Year Funding (PY19): \$25,000
Proposed Change in Funding - PY19 to PY20 = 20 %

Focus of Application: Mental Health
Type of Contract: Grant
Priority: Behavioral Health Supports for People with Justice System Involvement

Services and People Served

Target Population:

Individuals, couples, and families residing in Champaign County. The majority of clients referred to Family Service are low-income and/or do not have insurance such as Medicaid to cover mental health services. The Counseling program applied to the State of Illinois to become an approved Medicaid provider for mental health services and has received a provisional certificate of approval. The program has not yet served any Medicaid clients pending required staff training. Family Service continues to be one of the few agencies in Champaign County without a religious orientation offering both short-term and long-term behavioral health services on a sliding fee scale. The Counseling program gives priority to the greatest extent possible to clients referred for outpatient individual, couple and family therapy from the Champaign County Drug Court. We provide a relationship assessment to all Drug Court clients and offer counseling services to the Drug Court client and family members as appropriate. 90% of all the clients served by the Counseling program are the individuals who find it the most difficult to afford quality mental health services that will address their needs.

Staff Comment: Population served is unchanged from prior years. Agency has been approved as a Medicaid provider for mental health services; staff must complete required training before Medicaid billing can begin. Majority of clients in the past lacked insurance/coverage for mental health services. Maintains priority to Drug Court clients and family members.

Scope, Location, & Frequency of Services:

Mental health assessment, treatment plan development, and counseling to individuals, couples and families. We complete a relationship assessment with Drug Court clients and/or with their family members prior to graduation from Drug Court to assess how the families of the Drug Court clients have adjusted to the sobriety changes made by the individual Drug Court client. When providing services to Drug Court clients, our therapists prepare progress reports for those clients that are submitted to the Judge and the primary Drug Court Rosecrance counselor. With every client seen in the Counseling program, the therapists are addressing the needs of the individual and their family members including the partners, the parents and/or the children. Issues addressed can include anger management, abuse (which may include adult and/or child abuse), child behavioral issues, family discord, trauma, grief and substance abuse. A strong educational component is included when addressing issues such as substance abuse and parenting challenges. Clients can be as young as 5 years old. CCMHB funding supports all of these services for our clients. These clients would not otherwise be able to afford and receive appropriate mental health services. Counseling sessions occur primarily at the Family Service office, but Drug Court clients will occasionally be seen off-site. Therapists do coordinate services with other community service providers to ensure a "single integrated treatment plan across systems." Client's issues and needs will drive how often they will see a therapist; sessions are approximately one hour in length, can vary in frequency from weekly to monthly.

Staff Comment: slightly edited. Relationship with Drug Court is featured more prominently in service description. Services are provided to individuals and families. Services primarily office based, some off-site appointments for Drug Court clients.

Access to Services for Rural Residents:

To ensure that rural residents and professionals who work with rural residents are aware of our services, information about the program is distributed to schools, churches, community centers and libraries in the rural County communities. At the

beginning of the school year, school social workers and guidance counselors at rural community schools receive an information packet from Family Service that contains information about linking their families to the Counseling program. The program director also represents the Counseling program as a member of the Human Services Council. While the Counseling program's limited staff and funding do not allow us to extend service delivery to locations outside of our Champaign facility, we offer limited evening hours so that the service is more accessible to those who travel further.

Access to Services for Members of Underrepresented/Minority Populations:

Information about our Counseling program is shared with many agencies, such as the Champaign County Public Health Department, who inform their clients about our Counseling program. Flyers are put on public bulletin boards in locations such as at Lincoln Square, in grocery stores, and at Salt & Light. Our ability to offer limited evening hours makes it possible for clients to access counseling services after their work day ends. The sliding fee scale offered by the Counseling program makes quality mental health services affordable. Counseling program services are available at our Champaign office, located along one of the main Champaign Urbana Mass Transit District routes.

Staff Comment: Information about counseling services is distributed throughout the county. Evening appointments can be scheduled. A sliding fee scale reduces costs for the uninsured.

Residency: Total Served in PY2018 = 46 and first half of PY2019 = 33

Champaign Set	21 (45.7%) for PY18	16 (48.5%) for PY19
Urbana Set	16 (34.8%) for PY18	9 (27.3%) for PY19
Rantoul	2 (4.3%) for PY18	0 (.0%) for PY19
Mahomet	4 (8.7%) for PY18	2 (6.1%) for PY19
Other Champaign County	3 (6.5%) for PY18	6 (18.2%) for PY19

Demographics: Total Served in PY2018 =46

Age

Ages 0-6 -----	1 (2.2%)
Ages 7-12 -----	2 (4.3%)
Ages 13-18 -----	2 (4.3%)
Ages 19-59 -----	40 (87.0%)
Ages 60-75+ -----	1 (2.2%)

Race

White -----	40 (87.0%)
Black / AA -----	6 (13.0%)

Gender

Male -----	26 (56.5%)
Female -----	20 (43.5%)

Ethnicity

Of Hispanic / Latinx origin -----	2 (4.3%)
Not of Hispanic/Latinx Origin -----	44 (95.7%)

Program Performance Measures

CONSUMER ACCESS:

Services to any individual as young as age 5 through the lifespan residing in Champaign County. Services are initiated by direct contact from a prospective client or a referral from an outside source. When an individual contacts the Counseling program, they receive a brief phone screening to discuss their issues and determine if their needs are within the scope of practice of our therapists. If their needs are beyond our scope, individuals are referred to more appropriate resources. If a client has Medicaid, they are currently ineligible for our services and are referred to other resources. The Counseling program determines if a person meets criteria by self-report of a potential client. No proof of income is required to be provided. As the therapist and client share information while completing the mental health assessment and social history, the therapist determines whether the client's needs and treatment will be within the scope of clinical practice offered by our therapists. People learn of our Counseling program through our outreach efforts at community fairs such as Jettie Rhodes Day and the Disability Expo. We distribute Family Counseling program brochures and bulletin board flyers to organizations that provide other services such as housing and food assistance to people in the target population. Also promoted on agency website that individuals can access through computers at the public libraries.

Within 2 days from referral, 90% of those referred will be assessed.

Within 5 days of assessment, 85% of those assessed will engage in services.

People will engage in services, on average: varies greatly, from one session to several years; it is difficult to average.

Additional Demographic Data: gross family income for purposes of the sliding fee schedule.

Staff Comments: Referral, assessment, engagement processes described. Medicaid recipients are not eligible at this time and referred elsewhere. Services promoted through various means. Slight drop off of clients after initial engagement, which may explain the lower percentage of those receiving services from those who engage following assessment.

CONSUMER OUTCOMES:

The goal of counseling is to improve the client's level of functioning. Depending on the client and the presenting problem, this may include reducing stress, depression or anxiety; reducing relationship conflicts; improving parenting or communication skills or ending an abusive relationship. In FY18, seventy-six percent (76%) of the clients with a treatment plan reported improvement according to client self-reports. This included self-report of fewer anger outbursts, better communication with spouse and improved school performance for the school-age clients.

Outcome 1. Individuals receiving our services will report improvement in four areas of functioning: individual, relational, social and overall.

Outcome 2. Individuals receiving our services who have a treatment plan will meet the treatment goals that they established with their therapist.

Outcome 3. Individuals receiving our services who have a treatment plan will have improvement in their functioning over the course of treatment.

Outcome 4. Individuals who are Drug Court clients will complete a relationship assessment with the therapist. The therapist will make recommendations for additional services if appropriate.

Measured by:

Outcome 1: Outcome Rating Scale (ORS) developed by Miller & Duncan (2000). This self-report questionnaire is given to a client when their treatment plan is reviewed and/or revised. The ORS uses a gradient scale rating range of 0 (doing poorly) to 10 (doing very well) for each of the areas of functioning measured (individual, relational, social and overall functioning) for a maximum potential score of 40. For cases closed in FY18, ORS scores were obtained from 23 clients. Several clients had a score of 20 or above and two clients reached a score of 35.

Outcome 2: Individual treatment plans are typically reviewed quarterly. Clients determine with the therapist success in meeting treatment objectives, outcomes and goals. The therapist uses the most recent treatment plan to evaluate the client's success with goal completion after a client's case is closed. For those treatment plan clients who completed or discontinued services in FY18, 76% were satisfied with the progress they had made with their goals.

Outcome 3: Global Assessment of Functioning (GAF). A GAF score is determined by the therapist during the initial mental health assessment and re-determined whenever their plan is updated or the case is closed. A comparison of scores notes changes in a client's functioning. The scale ranges from 0 (inadequate information) to 100 (superior functioning). In FY18, 61% of the clients improved their GAF. 83% of the Drug Court participants improved their GAF score.

Outcome 4: A relationship assessment developed by the Counseling program. It is completed with each Drug Court client before they can graduate. The Drug Court Judge receives a letter from the therapist noting completion of the assessment. In FY19 YTD, twelve relationship assessments have been completed.

Outcome gathered from all participants? Yes.

Anticipate 65 total participants for the year.

Will collect outcome information Quarterly and at case closure for Outcomes 1,2,3; at completion of assessment for #4.

Is there a target or benchmark level for program services? Yes.

Outcome 1: The benchmark for the ORS is a total score of 35-40. This means that a client is feeling that they are doing very well in all areas of their life. This benchmark is established by those who developed the tool.

Outcome 2: The treatment goals benchmark is that progress has been made on objectives and treatment goals have been met at time of case closure. This is an internal benchmark developed by our program.

Outcome 3: The benchmark for the GAF is a score of 91-100 at time of case closure. This score represents superior functioning in a wide range of activities. This benchmark is established by those who developed the tool.

Outcome 4: The benchmark for the Drug Court relationship assessments is that clients referred from Drug Court will successfully complete their relationship assessment. This is an internal benchmark developed by our program.

Estimated level of change for each outcome:

Outcome 1: 70% of TPCs, at time of case closure, will have achieved a minimum 5 point increase in ORS score.
Outcome 2: 70% of TPCs, at time of case closure, will have shown improvement on at least 60% of their objectives and will have met at least 60% of treatment goals.
Outcome 3: 70% of TPCs, at time of case closure, will have achieved a minimum 5 point increase in GAF score.
Outcome 4: 80% of clients referred by Drug Court will complete their assessment.
Staff Comment: Outcomes are tied to client level of functioning and addressing presenting issue. Methods used to track and report outcomes are referenced, and performance targets established. Section is well organized.

UTILIZATION:

Treatment Plan Clients (TPCs): 35 - seen for at least three sessions, have the opportunity to develop a treatment plan.
Non-Treatment Plan Clients (NTPCs): 30 - primarily Drug Court clients with one-time relationship assessment. Also included are clients who engage in service for several sessions but discontinue before their treatment plan is complete.
Staff Comment: Program has adjusted TPC and NTPC targets based on past performance. Drug Court specific assessment is tracked and reported as an NTPC.

PY20 Annual targets (per Utilization Form)

	TPC	NTPC
Annual Target	35	30
From submitted quarterly Service Activity reports:		
PY19 Mid-Year Total	13	13
PY19 Target	55	5
PY18 Full-Year Total	34	5
PY18 Target	60	

Financial Analysis

PY20 CCMHB Funding Request: \$30,000
PY20 Total Program Budget: \$63,740
Current Year Funding (PY19): \$25,000
Proposed Change in Funding - PY19 to PY20: = 20.0%
 PY19 request was for \$25,000
 PY18 request was for \$25,000 and award \$25,000
 PY17 request was for \$40,000 and award \$20,000

CCMHB request is for 47% of total program revenue. Other sources are: Contributions - various = \$20,040 (31%); Grants - City of Urbana/Cunningham Township = \$1,700 (3%); Client fees/sliding scale = \$12,000 (19%).
Staff Comment: CCMHB is the single largest source of program funding. CCMHB share of total program budget increase is associated with requested increase in funding.

Expenses: Personnel related costs of \$24,796 are the primary expense charged to CCMHB at 83% of \$30,000. Other expenses are: Professional Fees/Consultants \$358 (1%), Consumables \$136 (0%), General Operating \$776 (3%), Occupancy \$3,129 (10%), Conferences/Staff Development \$5 (0%), Local Transportation \$24 (0%), Equipment Purchases \$31 (0%), Membership Dues \$7 (0%), and Miscellaneous \$738 (2%).
Staff Comment: Total Agency, Program, and CCMHB Budgets are balanced. CCMHB funding represents 47% of total program budget and pays an equal percentage of each expense line. (Postage Meter Rental should be charged to Lease/Rental rather than Miscellaneous.) An expense is budgeted as 'bad debt' for fees not paid by client/other payor after a service has been performed.

Program Staff - CCMHB Funds: 0.20 FTE Indirect and 0.56 FTE Direct. Total CCMHB = 0.76 FTE.
Total Program Staff: 0.43 FTE Indirect and 1.18 FTE Direct. Total Program = 1.61 FTEs.
Staff Comment: The two therapists are both part-time positions with CCMHB funding supporting half of wages paid plus a portion of the Program director's time.
Audit Findings: No negative findings in PY18 Audit. The current contract requires an audit, as will PY20, if funded.

CCMHB PY20 Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement: *Involvement with drug court is featured more prominently in the PY20 application. Referrals from Drug Court are a priority population and sliding fee scale is waived for these clients. Program director participates in Drug Court team meetings and provides weekly reports on Drug Court participants receiving counseling from Family Services clinicians.*

Priority: Innovative Practices and Access to Behavioral Health Services

Priority: System of Care for Children, Youth, Families

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

Family Service Center completed the Organization's CLC Plan following the application instructions where the actions matched the National CLAS Standards. The staff and volunteers conduct annual CLC training and review the CLC Plan. They sign an acknowledgement that they have reviewed it. Family Service outlined ways of engagement for the rural communities that will allow for services to be rendered in the clients' home. Interpreters, translators, and cultural consultants will be utilized whenever necessary in order to provide culturally and linguistically appropriate services to clients at no cost. They assess the facilities for accessibility and physical modification. Interagency collaboration is outlined in Program Plan. No action is outlined addressing how they have completed a cultural competence assessment.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *Population served includes Drug Court clients. Other clients served do not qualify for Medicaid and do not have mental health coverage if insured. Services are office based with evening hours available. Program does conduct outreach to rural areas of the county. Demographics indicate about 25% of those served are from outside Champaign and Urbana.*

Inclusion and Anti-Stigma: *Not a focus of the application outside of work with individual clients. Response speaks to therapists' efforts to build trust and respect with client. Agency collaborates on community awareness, anti-stigma efforts.*

Outcomes: *Consumer outcome section is well done. Outcome, measurement/evaluation tool, and performance target are clearly identified. Office based services includes evening hours for greater access.*

Coordinated System: *Program is involved with Drug Court and staff participates in weekly Drug Court Team meetings. This includes coordination with other team members including Rosecrance. Counseling services are available to uninsured clients on a sliding fee scale.*

Budget and Program Connectedness: *Budget narrative addresses how funds are allocated. CCMHB charged expenses at rate equaling CCMHB share of program revenue. Personnel supported includes an equal proportion of the two part-time therapists time.*

Technical Criteria

Approach/Methods/Innovation: *Research supporting family counseling for Drug Court clients is referenced, in good detail. Source citations are provided.*

Evidence of Collaboration: *Written agreements with Drug Court and CUPHD. Program has been certified by the state as a Medicaid provider for mental health services and will begin offering counseling to Medicaid clients once staff completes required training.*

Staff Credentials: *Qualifications, licensing, and training of program director and two therapists are referenced.*

Resource Leveraging: *CCMHB is single largest source of support. Funds are not used as match. Other sources of program funding include client fees, City of Urbana/Cunningham Township grant and donations.*

Process Considerations & Caveats

Contracting Considerations: *If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2020 contract:*

- minor revisions to expense form

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

Recommendation: *Pending*

Agency: FirstFollowers / Program: Peer Mentoring for Re-entry

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$146,400
PY20 Total Program Budget: \$265,400
Current Year Funding (PY19): \$70,000
Proposed Change in Funding - PY19 to PY20 = 109%

Focus of Application: Mental Health

Type of Contract: Grant

Priority: Behavioral Health Supports for People with Justice System Involvement

Services and People Served

Target Population:

People residing in Champaign County impacted directly by criminal justice involvement. This primarily means a focus on the nearly 400 people who are currently on parole from the Illinois Department of Corrections (IDOC, 2016), several hundred on adult or juvenile probation. Our target population lies below the median in many parameters: income, education level, and familiarity with technology. Over four-fifths of this population is male and nearly half are African American. These individuals also bear imprints from incarceration, often labelled Post-Incarceration Syndrome (PICS). This results from institutionalization, isolation and trauma during incarceration. People with PICS resemble those with PTSD. They may be inappropriately passive or aggressive, anti-social and disoriented. They are also frequently challenged in building relationships with loved ones and community members. This group faces stigma and discrimination in accessing employment, housing and public benefits. Many employers and public housing projects ban or instantly reject people with certain offenses. The stigmatization of people with felony convictions is almost universal but especially severe for those convicted of violent or sexual crimes.

Staff Comment: Statement is unchanged from prior year. Characteristics of population served is highlighted – previously incarcerated, on parole, or probation, predominately low-income, male, and likely to be African American.

Scope, Location, & Frequency of Services:

- 1) Drop-In Center- Our peer mentors provide support for those wanting to find employment, secure housing or continue their education. The Peer Mentor Coordinator will oversee this work. (CCMHB funds peer mentors and peer mentor coordinator's wages)
- 2) Workforce Development Course- We will deliver our third workforce development course for ten individuals from our drop-in clients and community at large. Classes will be at Salt and Light and FirstFollowers' Center in Champaign. Course will last for 19 weeks, 20 hours per week. Content includes: math, language and communication skills, team building, and workplace etiquette. 50% of class hours will focus on basic construction skills. Participants receive a stipend of \$10 per hour for attendance. CCMHB will fund 50% of stipends, plus facilitators.
- 3) Anti-Stigma- Using social media extensively, we will educate employers about importance of employing people with felony convictions. (This will fall under the job description of the Peer Mentor Coordinator and will be covered by her wages.)
- 4) Family support and Trauma-Informed Care- We will take trauma-informed care into the community and organize three public education events for those impacted by incarceration and/or gun violence. (CCMHB will fund facilitation and venue for these programs.)
- 5) Transitional Housing- Champaign County Housing Authority has chosen FirstFollowers as recipient of two reentry houses for people returning to the community after incarceration or for those with felony convictions lacking housing stability. The transitional houses will be overseen by a full-time case manager and a live-in supervisor. (CCMHB will fund 50% of case manager salary.)
- 6) Project Co-ordination- Because of growing breadth and scale of our program, in 2019 we will hire a full-time coordinator. This individual will oversee all the activities of FirstFollowers' activities and manage relationships with peer

mentors and community partners. (CCMHB will fund 50% of salary.)

Location / Frequency: Drop-In Center will be held at Bethel AME Church in Champaign; Workforce Development Course will be held at Salt n'Light in Urbana and the FirstFollowers House in Champaign.

Staff Comment: Description of existing services is updated plus two new initiatives proposed. Some change in approach is identified for two of the existing activities. Anti-stigma work with employers emphasizes use of social media moving away from in person contact with employers. Family support moves from being a twice monthly meeting with families to three public events held during the year that will focus on trauma informed care. New activities involve working with the Housing Authority on transitional housing for adult reentering the community and the addition of a project coordinator to manage various initiatives and community relations.

Access to Services for Rural Residents:

Through social media, contact with parole officials, and word of mouth. Rural residents will be served in Champaign-Urbana since most of them need to come to the cities for parole and other appointments.

Access to Services for Members of Underrepresented/Minority Populations:

Our constituency of people involved in the criminal justice system is overwhelmingly African American and low income. The facilities where we do our work are minority serving institutions.

Staff Comment: Rural access is promoted through social media presence and relationship with parole. Greater emphasis is placed on engagement with underrepresented/minority populations. Services are offered in Champaign and Urbana.

Residency: Total Served in PY2018 = 91 and in first half of PY2019 = 47

Champaign Set	49 (53.8%) for PY18	23 (48.9%) for PY19
Urbana Set	27 (29.7%) for PY18	16 (34.0%) for PY19
Rantoul	0 (.0%) for PY18	3 (6.4%) for PY19
Mahomet	1 (.1%) for PY18	0 (.0%) for PY19
Other Champaign County	14 (15.4%) for PY18	5 (10.6%) for PY19

Demographics: Total Served in PY2018 = 91

Age

Ages 19-59 -----	80 (87.9%)
Ages 60-75+ -----	3 (3.3%)
Not Available Qty -----	8 (8.8%)

Race

White -----	11 (12.2%)
Black / AA -----	65 (72.2%)
Other (incl. Native American and Bi-racial) -	4 (4.4%)
Not Available Qty -----	10 (11.1%)

Gender

Male -----	68 (74.7%)
Female -----	22 (24.2%)
Not Available Qty -----	1 (1.1%)

Ethnicity

Of Hispanic / Latinx origin -----	2 (2.7%)
Not of Hispanic/Latinx Origin -----	71 (95.9%)
Not Available Qty -----	1 (1.4%)

Program Performance Measures

CONSUMER ACCESS:

Criminal justice system involvement and a stated need for the services. Personal application and interviews. Our website, Facebook page, Instagram account, flyers, our resource guide and networks.

Within 5 days from referral, 80% of those referred will be assessed.

Within 7 days of assessment, 80% of those assessed will engage in services.

People will engage in services, on average, for: Drop-In-3 days; Workforce Development-5 months.

Additional Demographic Data: Disability, housing stability, employment status, education level; criminal justice system involvement (optional).

Staff Comment: Eligibility is contingent on involvement with the criminal justice system. Target population section indicates this would be primarily post-incarceration. No screening tool is identified for client interviews to identify needs. Projected access, referral, and engagement is consistent at 80% for each point in the process. Length of engagement is referenced for drop-in center and workforce development but not transitional housing.

CONSUMER OUTCOMES:

- 1. Access to employment, education and housing (80%)
 - 2. Access to services (80%)
 - 3. Provide enhanced self-esteem (90%)
 - 4. For workforce development: basic building skills, public speaking, critical thinking, basic math (80%)
- 1. Data collection and follow up survey by volunteers or students
 - 2. Data collection and follow up survey by volunteers
 - 3. Focus group interviews by professional consultant
 - 4. Focus group interviews by professional consultant; assessment tests

Outcome gathered from all participants? No. Those who we can reach via the contact details they leave us (often unreliable) and those in our 19 week course.

Anticipate 200 total participants for the year.

Will collect outcome information every other month.

Is there a target or benchmark level for program services? Yes. 80% of participants to graduate from workforce development course

Estimated level of change for this outcome is: The type of change we seek does not fit into a percentage metric. e.g. a person gets a job or they don't; a person finds housing or they don't; we don't test people on skills they learn in our class.

Staff Comments: Outcome measures include targets and broad statement of how will be measured. Frequency of data collection is indicated. Specific evaluation instruments/surveys are not referenced. Program should be able to quantify anticipated level of change, e.g., number finding employment after completing workforce development course and/or remain employed after six months. No reference is made to measuring impact of new transitional housing initiative. Program could benefit from being a targeted program of the UI Program Evaluation Capacity Building initiative.

UTILIZATION:

Treatment Plan Clients (TPCs): 42 - those who enroll in our workforce development course

Non-Treatment Plan Clients (NTPCs): 240 - those who use our drop in or referral service

Service Contacts (SCs): 45 - employers contacted about employing our constituency

Community Service Events (CSEs): 10 events, e.g., Resource Fairs, Summits of Hope, Expungement and Sealing Day

Staff Comment: Utilization descriptions are streamlined compared to past narratives. Targets have been adjusted upward and with the exception of public forums (CSEs) do not align with past performance or service narrative. For example, workforce development has a capacity of 10 people and runs 19 weeks. No targets set for new transitional housing initiative.

PY20 Annual targets (per Utilization Form)

	TPC	NTPC	SC	CSE
Annual Target	42	240	45	10

From submitted quarterly Service Activity reports:

PY19 Mid-Year Total	8	59	17	6
PY19 Target	30	200	35	6
PY18 Full-Year Total	15	91	21	7
PY18 Target	18	165	35	4

Financial Analysis

PY20 CCMHB Funding Request: \$146,400

PY20 Total Program Budget: \$265,400

Current Year Funding (PY19): \$70,000

Proposed Change in Funding - PY19 to PY20 = 109.1%

PY19 request was for \$105,900

PY18 request was for \$59,432 and award \$59,432

PY17 request was for \$29,764 and award \$29,764

CCMHB request is for 55% of total program revenue. Other sources are: Contributions - various = \$60,000 (23%); Grants -WIOA = \$25,000 (9%); Grants -Urbana City Council = \$15,000 (6%); Grants -UC2B = \$16,000 (6%); and Grants -Community Foundation = \$3,000 (1%).

Staff Comment: CCMHB continues to be the single largest source of support. Funding requested is double current award. In-Kind contributions of \$30,000 include Peer Mentors serving as volunteers who also are paid as consultants. It also includes donated space and use of laptops from Bethel AME Church.

Expenses: Personnel related costs of \$82,900 are the primary expense charged to CCMHB at 57% of \$146,400. Other expenses are: Professional Fees/Consultants \$28,000 (19%); Consumables \$5,000 (3%); General Operating \$500 (0%); Occupancy \$12,000 (8%); Conferences/Staff Development \$8,000 (5%); Local Transportation \$5,000 (3%); Specific Assistance \$1,500 (1%); Equipment Purchases \$3,000 (2%); and Cost of Production \$500 (0%).

Staff Comment: Total Agency budget shows a surplus of \$31,500, Total Program a surplus of \$184,900 (such that even without CCMHB funding, the program would still have a surplus), and CCMHB budget is balanced. There is an error on the Personnel Form that transfers over to the Expense Form, but that error does not fully account for either surplus. Equipment cost is for purchase of computer system. Conference expense is for Peer Mentors to attend national/regional conference as part of their training. Specific assistance is to offset costs for client needs. Professionals Fees/Consultants line includes stipends paid to Peer Mentors. Peer Mentors are also listed as a revenue source as volunteers providing in-kind contribution. Peer Mentors are present at the Drop-In Center to assist any seeking help.

Program Staff - CCMHB Funds: 0.50 FTE Indirect and 1.30 FTE Direct. Total CCMHB = 1.80 FTEs.

Total Program Staff: 0.0 FTE Indirect and 0.0 FTE Direct. Total Program = 0.0 FTEs.

Staff Comment: Personnel form is incomplete (also triggering a technical error in the budget forms). CCMHB funding supports all costs for two part-time positions and 50% of two new fulltime positions. The two new positions are a Program Coordinator (indirect) and Case Manager-Transition House (direct), currently vacant. These two positions account for a significant portion of the requested increase in funding.

Audit Findings: No negative findings in PY18 audit. Audit is required for PY19. If selected for funding in PY20, a minimum of independent financial review will be required.

CCMHB PY20 Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement: *Aligns with priority; focus on providing non-clinical supports to people re-entering the community from prison/jail, and on parole or probation.*

Priority: Innovative Practices and Access to Behavioral Health Services

Priority: System of Care for Children, Youth, Families

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

First Followers is a (relatively) new funded program that will continue to receive support and technical assistance to address cultural competence development. First Followers is a peer to peer program, based on individuals returning home after being detained or incarcerated. The CLC Plan outlines that the board allocates resources for cultural competence training and materials that are needed to work with different cultures of those entering their program. The Actions of the First Followers CLC Plan are based on the categories of the National CLAS Standards and not the individual standards. There was no clear plan of engagement other than meeting with parole officers and word of mouth. The inter-agency collaboration is outlined in Program Plan Part One. There is a plan to conduct focus groups and surveys for persons receiving services. There is not a clear plan of when a cultural competence assessment will be conducted. It is outlined in the Program Plan Part One that most of the targeted population identifies as marginalized due to the issue of housing and unemployment for persons returning to the community as parolees.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *Social media presence is extent of countywide presence. Emphasis is placed on engagement with underrepresented/minority populations.*

Inclusion and Anti-Stigma: *Public education is targeted to family support and trauma informed care. Outreach to employers to occur extensively through social media. Effort targeting employers is to reduce stigma associated with hiring/employing the previously incarcerated. Peer Mentors also to engage with community.*

Outcomes: *Access and Consumer Outcome sections need work. Some positive elements present. Program could benefit from being a targeted program under the UIUC Program Evaluation contract.*

Coordinated System: *Other providers involved in working with the reentry population is acknowledged as is commitment to participate in various reentry coordinating bodies. Peer support is unique aspect of this proposal.*

Budget and Program Connectedness: *Elements of budget align with program services. There is weakness within the scope of services particularly the new transition housing initiative. There are issues with aspects of the financial forms. Classification of Peer Mentors working drop-in center as consultants and not employees is separate issue.*

Technical Criteria

Approach/Methods/Innovation: *Proposal mentions use of peer mentors, trauma informed care, etc. in response to this question. No research supporting use of peer mentors or other elements intended to aid those reentering the community is referenced nor sources cited.*

Evidence of Collaboration: *Written agreements with Champaign County Housing Authority, Cunningham Township.*

Staff Credentials: *Education of Co-Directors and of two current employees is listed. Does not include details on qualifications and credentials required for proposed new hires.*

Resource Leveraging: *All sources of funding appear to support all activities. CCMHB is the largest source of support.*

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2020 contract:

- *Transitional Housing Initiative described in services section is not supported elsewhere in the program narrative and lacks accountability. (This Initiative could have been submitted as a separate application.)*
- *Outcome section needs to be revised.*
- *Personnel and Expense Forms need to be revised. (Agency budget indicates a budget surplus exists. Error on Personnel Form and Expense Form make it difficult to evaluate the Total Program budget.)*
- *Consider recommending program for targeted support by the Program Evaluation Team.*

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

Recommendation: Pending



CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD
CHAMPAIGN COUNTY
MENTAL HEALTH BOARD

Agency: Rosecrance Central Illinois
Program: Criminal Justice PSC

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$304,350
PY20 Total Program Budget: \$382,102
Current Year Funding (PY19): \$338,643
Proposed Change in Funding - PY19 to PY20 = 0 %

Focus of Application: Co-Occurring and/or Multiple Conditions
Type of Contract: Grant
Priority: Behavioral Health Supports for People with Justice System Involvement

Services and People Served

Target Population:

Individuals with behavioral health disorders and involvement in the Champaign County criminal justice system. This includes adults who are presently or within the past six months have been charged with a crime, are on some type of community supervision (probation, parole, conditional discharge, or court supervision), have been found unfit to stand trial, are on conditional release because they were found not guilty by reason of insanity, or are presently incarcerated at the Champaign County Correctional Center. The rationale for working with the justice-involved population with behavioral health needs comes from multiple sources: according to SAMHSA, the criminal justice system is the single largest source of referral to the public substance abuse treatment system, with probation and parole treatment admissions representing the highest proportion of these referrals. Research from trusted agencies, such as the Council of State Governments Justice Center and the Substance Abuse and Mental Health Services Administration (SAMHSA); a Sequential Intercept Mapping (SIM), conducted by local stakeholders, that charted resources and gaps in our community for this particular population, and our experience as the primary behavioral health provider in this community.

Staff Comment: Clear narrative describes the population to be served (adults with behavioral health disorders involved in the criminal justice system) and the rationale supporting intervention based on national, state and local assessments.

Scope, Location, & Frequency of Services:

Strengths-based case management is grounded in the principles that all individuals have the capacity to change and grow. The focus is on individual strengths, not pathology. The client is the director of their care. Motivational Interviewing is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. MRT is a systematic treatment strategy that seeks to decrease recidivism among criminal offenders by increasing moral reasoning. Its cognitive-behavioral approach addresses criminogenic thinking, aims to change antisocial ways of thinking, and combines elements from a variety of clinical approaches to progressively address ego, social, moral, and positive behavioral growth. Screenings for eligibility are completed by case managers on all individuals referred or requesting services while in the jail. Case managers will continue working with those who want assistance with linkage to treatment services and resources including, obtaining a state ID, finding employment, securing health insurance or obtaining a medical provider, and, to the extent possible, locating affordable housing. Moral Reconciliation Therapy (MRT) groups are offered in the jail and in the community. MRT is evidence-based and seeks to decrease recidivism among criminal offenders by increasing moral reasoning. Its cognitive-behavioral approach addresses criminogenic thinking, aims to change antisocial ways of thinking, and combines elements from a variety of clinical approaches to progressively address ego, social, moral, and positive behavioral growth. Coping with Anger group is offered at the probation office and the curriculum comes from the developers of MRT. The curriculum utilizes a cognitive behavioral approach that addresses negative thinking patterns and allows for participants to learn how to express their anger in a healthier, more productive manner. All services mentioned above would be funded by the CCMHB.

Location / Frequency: Treatment services for mental health and substance abuse will be provided at various Rosecrance

facilities if the person chooses Rosecrance as their provider. Case managers will assist clients to link to the treatment provider of their choice. Case management services are provided in the community, jail, or person's home. Groups are also provided in the jail or probation. Service frequency is variable and determined based on client needs.

Staff Comment: Scope of services includes use of motivational interviewing with the client, completing screening, referral, and linkage based on identified needs, conducting Moral Reconation Therapy (MRT) groups within the jail and Champaign County Court Services/Probation. Coping with Anger groups are also offered at probation. Case managers will continue to work with clients upon release to the community. One case manager is assigned to the jail fulltime. One case manager is half-time at the jail and half-time in the community – this position also runs the MRT groups in the jail, and one fulltime case manager is community based and runs the MRT and Coping with Anger groups at Court Services/Probation.

Access to Services for Rural Residents:

All employees are required to have a car to be eligible for employment which enhances our ability to serve people in the community. The agency also provides vehicles for staff use. Staff will travel wherever needed and when clinically appropriate, to meet with the client and assist with linkages to treatment and resources. Rural residents will be served in the same locations as mentioned above for treatment and case management services. Case managers work with all participants to address barriers to accessing services including providing transportation whenever possible. However, regular, reliable transportation for rural residents to access services not located in their community is a challenge to getting the assistance they desire.

Access to Services for Members of Underrepresented/Minority Populations:

Referrals primarily come from those who have been jailed and this population is over-represented by people of color and people who are low income and often have had little to no access to quality healthcare. Staff use the evidenced-based practices mentioned above to engage all clients referred and assist them in accessing services, obtaining IDs, applying for health benefits or locating housing. People from underserved/underrepresented groups will be served in the same locations as all other participants for treatment and case management services. Again, because our case management services are in the community, we will work with people in their homes or other locations within their community that are appropriate for the service being provided.

Staff Comment: Case management occurs as best meets client's needs. Groups services under this program are located at the Champaign County Courthouse or jail. Assistance with travel is possible but can be a challenge for rural residents. By virtue of underserved/minority populations being over-represented in the criminal justice system, these groups have greater access to the services available through the program.

Residency: Total Served in PY2018 = 108 and in first half of PY2019 = 49

Champaign Set	55 (50.9%) for PY18	21 (42.9%) for PY19
Urbana Set	34 (31.5%) for PY18	18 (36.7%) for PY19
Rantoul	8 (7.4%) for PY18	5 (10.2%) for PY19
Mahomet	1 (.9%) for PY18	2 (4.1%) for PY19
Other Champaign County	10 (9.3%) for PY18	3 (6.1%) for PY19

Demographics: Total Served in PY2018 = 108

Age	
Ages 13-18 -----	1 (.9%)
Ages 19-59 -----	105 (97.2%)
Ages 60-75+ -----	2 (1.9%)
Race	
White -----	39 (36.1%)
Black / AA -----	65 (60.2%)
Other (incl. Native American and Bi-racial) -	4 (3.7%)
Gender	
Male -----	81 (75.0%)
Female -----	27 (25.0%)
Ethnicity	
Of Hispanic / Latinx origin -----	5 (4.6%)
Not of Hispanic/Latinx Origin -----	103 (95.4%)

Program Performance Measures

CONSUMER ACCESS:

Justice involvement within the past six months and completed screening/assessment(s) indicating a mental health and/or substance use disorder. Jail staff completes an initial screening using the Brief Jail Mental Screening Tool (BJMHS) and the Texas University Drug Screening tool (TCUDS) for all intakes into the jail. Positive screens from the BJHMS and/or TCUDS prompt referrals from the jail staff to this program. Rosecrance staff completes a more thorough secondary screening interview to determine the need for mental health and/or substance abuse services. Once a client determines they want to participate in treatment they are scheduled for a full mental health or substance abuse assessment. People in the target population are given information on the program by the correctional staff in the jail and by word of mouth from inmates. Fliers that detail the services we offer are available for corrections staff to give to potential clients or they will talk to them about the linkage services that are provided in the jail.

Within 10 days from referral, 65% of those referred will be assessed.

Within 21 days of assessment, 70% of those assessed will engage in services.

People will engage in services, on average, for 5 months.

Additional Demographic Data: None.

Staff Comment: Eligibility for access to services is clearly defined as is process for referral, screening, and linkage to services. Projected rate of referral and engagement reflects program working with a difficult to engage population.

CONSUMER OUTCOMES:

1. Increase clients' access to resources. This is a key proximal or intermediate outcome that we hypothesize will contribute to reduced recidivism. An initial screening will be done documenting clients' unmet needs. Staff will work with the client to respond to those needs and successful linkages will be tracked.
2. Increase clients' self-sufficiency in at least one of the four life domains being measured; Access to services, Mental Health, Substance Abuse, and Primary Health.
3. Reduce recidivism: currently we are tracking recidivism by researching the county system for any treatment plan clients who are or had been in the program for 3 or less years, who received a new judgment on a case that originated while the client was in services with us.
4. Data on the length of stay in the jail for people with MI/COD; by collecting the date of booking into the jail and the date of release for each client who engages in the program from the jail, we obtain length of stay data for the MI/COD population and compare it with that of general population in the jail, which is generated by jail administration.

Measured by:

1. Case managers enter linkage data into a spreadsheet that the U of I Evaluation team helped design. This data will be pulled by a Rosecrance employee.
2. The Self-Sufficiency Matrix will be used to collect the data. The scores will be entered by program staff into a spreadsheet. A Rosecrance employee will provide the data.
3. Recidivism data will be obtained by accessing the county system as mentioned above. Because this is a very cumbersome and time-consuming process, we hope the U of I Evaluation Team or Consultation Bank will be available for further technical assistance. A Rosecrance employee will provide this data.
4. Length of stay data will be obtained by program staff as they have access to the jail data. Staff will enter booking and release data into the excel spreadsheet for analysis by a Rosecrance employee.

Outcome gathered from all participants? Yes.

Anticipate 150 total participants for the year.

Will collect outcome information: Some at year-end, some throughout the client's participation in the program.

Is there a target or benchmark level for program services? Yes.

1. Access to services: specifically, we would anticipate linking at least 70% of clients to MRT when identified as a need. In addition to MRT, we anticipate linking at least 25% of clients to a resource to address at least one additional unmet need. This is an internal benchmark set by the program.
2. Increased Self-Sufficiency: for those engaged in case management services for a minimum of 5 months, at least 75% will demonstrate a level improvement (in-crisis to vulnerable, vulnerable to stable, stable to safe or safe to thriving) in one life domain. This is an internal benchmark set by the program.

Estimated level of change for this outcome is identified in response above.

Staff Comment: Outcome measures and associated evaluation methods/tools are clearly defined. Provides performance targets associated with linkage to services and increased self-sufficiency. Outcomes are for TPCs in case management.

UTILIZATION:

Treatment Plan Clients (TPCs): 150 – (100 new, 50 continuing) all clients engaged in case management services. Demographic data will be reported on all Treatment Plan Clients.

Non-Treatment Plan Clients (NTPCs): 265 – (240 new, 25 continuing) everyone who receives screening and referral information but chooses not to engage in case management services.

Staff Comment: Projected number of NTPCs for PY19 overestimated impact of additional case manager assisting with screening and referrals at the jail. PY19 NTPC target was also noted as not being an unduplicated count. No explanation for low performance on NTPCs to date was included in the application. Comments on quarterly reports indicate the position is more engaged with follow-up on referrals for services with clients then involved in screenings. Target for PY20 is adjusted based on actual number of screening and referral contacts.

PY20 Annual targets (per Utilization Form)

	TPC	NTPC
Annual Target	150	265

From submitted quarterly Service Activity reports:

PY19 Mid-Year Total	108	146
PY19 Target	240	590
PY18 Full-Year Total	141	257
PY18 Target	150	210

Financial Analysis

PY20 CCMHB Funding Request: \$304,350

PY20 Total Program Budget: \$382,102

Current Year Funding (PY19): \$338,643

Proposed Change in Funding - PY19 to PY20 = -10.1%

PY19 request was for \$338,643

PY18 request was for \$300,265 and award \$300,265

PY17 request was for \$333,520 and award \$284,080

CCMHB request is for 80% of total program revenue. Other is Champaign County Re-Entry grant \$75,000 (20%).

Staff Comment: CCMHB is primary source of support for the program. Amount requested is reduced by 10% from PY19. Reduction is due in part to quarter time position included in PY19 proposal to do data analysis that was not filled.

Expenses: Personnel related costs of \$241,702 are the primary expense charged to CCMHB at 79% of \$304,350. Other expenses are: Professional Fees/Consultants \$36,522 (12%), Consumables \$500 (0%), General Operating \$13,700 (5%), Occupancy \$5,000 (2%), Conferences/Staff Development \$3,000 (1%), and Local Transportation \$3,926 (1%).

Staff Comment: Total Agency Budget shows deficit of \$380,646, but Total Program and CCMHB Budget are balanced. Professional Fees/Consultants line includes audit fee and management and general indirect cost charge among other expenses. Management and General expense based on a 24.7% federally approved indirect cost rate. The budget narrative includes an explanation of the allocation of indirect staff time and management & general costs to the program.

Program Staff - CCMHB Funds: 0.19 FTE Indirect and 4.46 FTE Direct. Total CCMHB = 4.65 FTEs

Total Program Staff: 0.29 FTE Indirect and 5.46 Direct. Total Program = 5.75 FTEs

Staff Comment: Positions supported with CCMHB funds include 1 fulltime team leader (program coordinator) and 3 fulltime case managers, 10% of the benefits case manager position (other 90% is in Crisis, Access and Benefits application), and 36% (30% and 6%) of 2 supervisory positions. The other 19% is indirect staff time allocated to the program. A quarter time position funded for PY19 but not filled has been dropped.

Audit Findings: No negative findings in PY18. An audit is required for PY19 and, if selected for funding, for PY20.

CCMHB PY20 Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement: Program serves adults with mental health or co-occurring substance use disorders involved with the local criminal justice system.

Priority: Innovative Practices and Access to Behavioral Health Services

Priority: System of Care for Children, Youth, Families

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

RCI leadership and direct service staff will participate in at least one cultural competency training per year. Board demographics to mirror as closely as possible the population being served, including board member with lived mental health and/or substance use disorder experience or a family member of a person with one or more disorders. Rosecrance completes a bi-annual Organizational Cultural Competence assessment and utilizes the survey responses from client satisfaction surveys and analysis of population served to develop specific CLC Action for the following year after the assessment is completed. Monthly facility checklists are completed by the Environmental Services Staff to assess and modify physical facilities to be welcoming, clean, accessible and attractive. SOPs are reviewed quarterly by the agency's Performance Improvement department to ensure they are aligned with CLC principles. An Annual CLC Event is planned for each department within RCI. Former/current clients assist with education/outreach/engagement activities. In addition, services are provided in a school setting and in community-based settings based on the client's needs. Interagency Collaboration is outlined extensively within Part One of all the program applications. There are procedures for utilizing interpreters. Print and multimedia are provided in most languages that are commonly used by the populations served. There is no cost for clients to utilize language services that are provided by RCI. The CLC Plan was outlined with the CLAS Standards, and the updates were provided. It has clear actions that can be measured with the CLAS Standard. The Plan is a clear result of planning and collaboration captured from the CLC Plan from Prairie Center Health Systems as a result of the merger.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *Access is limited to adults involved with the criminal justice system. Staff will assist transportation but can be an on-going barrier for rural residents. Underserved population suffer from being overrepresented in the criminal justice system thereby increasing access to services.*

Inclusion and Anti-Stigma: *Specific effort to address stigma is not part of the scope of work but is embodied in the principles of recovery informing staff approach to client services and care.*

Outcomes: *Access and consumer outcomes are well defined. Consumer outcomes are comprehensive and include effort to track recidivism.*

Coordinated System: *Other community resources and providers are referenced. In essence, these are services case managers can refer clients to for further assistance. The Criminal Justice Team Leader attends Reentry Council meetings and facilitates meeting of the Forensic Team, an internal service coordination group.*

Budget and Program Connectedness: *Budget supports staffing pattern and program services.*

Technical Criteria

Approach/Methods/Innovation: *Links supporting evidence based approaches to client engagement, motivational interviewing, and strengths based management, and Moral Reconciliation Therapy, and Coping with Anger are provided.*

Evidence of Collaboration: *Comprehensive list of local organizations/offices with whom Rosecrance has written agreements is provided. List focuses on groups involved with the criminal justice system and/or medical and behavioral health care system.*

Staff Credentials: *Good detail on qualifications including education, training and work experience for primary staff.*

Resource Leveraging: *CCMHB is primary funder responsible for 80% of program revenue. Champaign County Board reentry contract accounts for balance of program funding. CCMHB amount requested is 10% less than awarded in PY19. A quarter time position funded for PY19 but not filled has been dropped from PY20 proposal.*

Process Considerations & Caveats

Contracting Considerations: *If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2020 contract: N/A*

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

Recommendation: *Pending*



Agency: Rosecrance Central Illinois

Program: Fresh Start

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$79,310
PY20 Total Program Budget: \$79,992
Current Year Funding (PY19): \$79,310
Proposed Change in Funding - PY19 to PY20 = 0 %

Focus of Application: Substance Use Disorder
Type of Contract: Grant
Priority: Behavioral Health Supports for People with Justice System Involvement

Services and People Served

Target Population:

Fresh Start Initiative is a project of the Champaign Community Coalition, to prevent and reduce drug markets and violence. In collaboration with the Coalition, this program offers intensive case management services to core offenders, many of whom have substance use disorders and have been impacted by trauma. Approximately 20 Champaign County residents, ages 18 and up, with prior felony arrest, prior gun arrest and/or violent crime conviction, on parole or probation now or previously, and with need for services but limited financial resources.

Staff Comments: section edited; similar to previous application, target lowered from 30. Participants are selected by a multi-disciplinary committee, organized through the Coalition, with technical assistance and funding for the broader project from the Illinois Criminal Justice Information Authority. Fresh Start is based on David M. Kennedy's "Don't Shoot" model.

Scope, Location, & Frequency of Services:

Intensive case management services for Fresh Start participants. The Community Liaison is familiar with behavioral health treatment and available community services and conducts outreach and intensive case management services in the community. Once an offender has agreed to participate, they meet with Liaison to develop a strengths-based individualized service plan based on responses to the ANSA, an evidence-based assessment tool. Participants are assisted in making connections to community service providers to address items on the individualized service plan. The Liaison provides follow-up and monitoring of the participant's status and the services delivered, and may also provide: home visits; transportation, to/from services and/or court; advocacy; help in identifying natural supports or addressing immediate personal or family issues encountered by participants; and assistance reducing barriers to employment, housing, education, healthcare and behavioral health treatment. The amount of case management will depend on the participant's needs. At an in-person meeting every-other week, Liaison will review the service plan and document steps completed, determine if target dates were met, and note the participant's progress in achieving goals. At least weekly phone calls or e-mails to check on the participant's progress and whether they need assistance or information; contacts documented in client case notes. Services anywhere in the County, at locations agreed on by Liaison and participant; can include offender homes, school/work places, probation office, jail, courthouse, other service provider locations, or other.

Staff Comments: section edited; similar to PY19 application, with detail on assessment, services, follow-up. Individualized service plan can include non-traditional supports, some provided by liaison. Relationship-based, intensive case management can be effective with people relatively unconnected to systems of support.

Access to Services for Rural Residents:

Through probation/parole officer, who coordinates with Fresh Start Community Liaison to schedule introductions, describe the program, call-in, and call-in expectations, and issue an invitation. Some demographic data collected if the individual expresses interest in attending. Services anywhere in Champaign County, as determined by Liaison and

offender working to schedule appropriate place and time to meet, including offender homes, school/work places, probation office, jail, courthouse, other community service provider locations, or other as agreed. Liaison may provide transportation and/or bus tokens/bus passes to the participant.

Access to Services for Members of Underrepresented/Minority Populations:

Eligible, interested participants are informed about the program by probation/parole officer and referred by the Steering Committee/Law Enforcement. Fresh Start Community Liaison coordinates with probation/parole officer (*as above*). For FY20 an additional notification method = “custom notification” within 10 days of a gun-involved incident. Individuals and their family members will be contacted by a team (law enforcement officer, Liaison, social service representative) to participate in a meeting at a location in the community. Meeting will be similar to the structured call-in where individuals are presented with facts of their conduct, made aware of the impact of their behavior on the community, provided information about program, and given an opportunity to “put down” their guns or face severe consequences.

Staff Comments: sections edited; some repeated descriptions are relevant as explanation for how the primary service, case management, engages members of rural or underrepresented communities.

Residency: Total Served in PY2018 = 13 and in first half of PY2019 = 4

Champaign Set	11 (100.0%) for PY18	4 (100.0%) for PY19
Urbana Set	1 (.0%) for PY18	0 (.0%) for PY19
Rantoul	0 (.0%) for PY18	0 (.0%) for PY19
Mahomet	0 (.0%) for PY18	0 (.0%) for PY19
Other Champaign County	1 (.0%) for PY18	0 (.0%) for PY19

Demographics: Total Served in PY2018 = 13

Age: Ages 19-59 -----	13 (100.0%)
Race: Black / AA -----	13 (100.0%)
Gender: Male -----	13 (100.0%)
Ethnicity: Not of Hispanic/Latinx Origin -----	13 (100.0%)

Program Performance Measures

CONSUMER ACCESS:

Eligibility: 18 or older; currently on probation or parole (different from above!); have a prior felony arrest; have a prior gun arrest or a violent crime conviction; law enforcement must have credible information of recent involvement in violent crime; and have no current unresolved cases. Law enforcement submits a list of individuals who meet the 6 criteria; a meeting is held between law enforcement and a subset of MDT steering committee members to review packets of information on each potential participant. Once the packets are reviewed and questions asked the 3 MDT steering committee members. Law enforcement officials notify Probation/parole officers of the selections. Members of the target population are notified about the program through probation officers, parole officers, law enforcement, court personnel, and media coverage.

Within 14 days from referral, 50% of those referred will be assessed.

Within 5 days of assessment, 50% of those assessed will engage in services.

People will engage in services, on average, for 9 months.

Additional Demographic Data: living situation; family makeup; basic needs/financial; mental health history; alcohol or other drug abuse; social and recreational; educational/vocational; legal; medical/dental; and independent living skills.

CONSUMER OUTCOMES:

- 1) Decrease of gun violence and violent crimes by assisting those who decide to move away from a life of crime and violence to make a fresh start through referrals/linkages to services.
- 2) % of those who agree to engage in the program will receive case management services from the Community Liaison. *In previous year target and actual, current year target and projection, and PY20 target, 100%.*
- 3) % of participants successfully linked to at least one identified community service (esp. SUD and MH treatment services), housing, employment, education, benefits enrollment, or vocational support or resources. *In previous year target and actual, current year target and projection, and PY20 target, 100%.*
- 4) % decrease of gun violence and violent crime rate in Champaign and Urbana communities.

FY18 Target: 25%; FY18 Results: 24%; FY19 Target: 25%; FY19 Q1 and Q2: 24%; FY20 Target: 25%.

These outcomes are measured by:

- 1) The Rosecrance client satisfaction survey administered twice a year tracks self-reported client progress. It covers questions that the joint commission, our payer sources and marketing teams require. It is not normed.
- 2) Adults Needs and Strengths Assessment/Community Liaison documentation
- 3) Client interview/Community Liaison documentation
- 4) Data collected from law enforcement

Staff Comments: The first is most appropriate as consumer outcome, while #2 and #3 rely on agency performance and #4 is a community outcome, but it is important to account for the program's success in connecting a person to the resource they identified in individual plan and how that resulted in decreased violence by the individual. The ICJIA supported Coalition efforts are in this area. Instruments (e.g., satisfaction survey) are relevant to each outcome to be measured.

Outcome gathered from all participants? Yes.

Anticipate 20 total participants for the year.

Will collect outcome information Twice a year.

Is there a target or benchmark level for program services? No.

Estimated level of change for this outcome is: In 2018, 76 shooting incidents in Champaign, 32 in Urbana, and 8 in Champaign County, resulted in 7 gun related homicides in Champaign and 2 in Urbana, a 12.16 % increase from 2017. Spikes in gun incidents are normal. Goal = decrease shootings/homicides by continuing the efforts of law enforcement, CU Fresh Start Initiative, and other Champaign Community Coalition efforts.

UTILIZATION:

Treatment Plan Clients (TPCs): 23 (8 continuing and 15 new) unduplicated persons identified by the Fresh Start Steering Committee who engage and develop a strengths-based individualized services plan with the Community Liaison.

Non-Treatment Plan Clients (NTPCs): 10 persons identified by the Steering Committee who choose not to engage.

Service Contacts (SCs): 10 Screenings completed.

Community Service Events (CSEs): 120 Steering Committee and other service coordination/planning meetings attended by the Community Liaison, Supervisor, and/or Administrator.

Other: 40 linkages (to transportation, employment, housing, education, healthcare, and behavioral health treatment) which the Community Liaison helps develop while working with Fresh Start participants who engage in the program and develop a strengths-based individualized services plan with the Community Liaison.

PY20 Annual targets (per Utilization Form)

	TPC	NTPC	SC	CSE	OTHER
Annual Target	23	10	10	120	40
From submitted quarterly Service Activity reports:					
PY19 Mid-Year Total	4	6	1	61	16
PY19 Target	35	10	20	120	50
PY18 Full Year	13	11	4	150	24
PY18 Target	20	10	20	50	30

Financial Analysis

PY20 CCMHB Funding Request: \$79,310

PY20 Total Program Budget: \$79,992

Current Year Funding (PY19): \$79,310

Proposed Change in Funding - PY19 to PY20 = 0.0%

PY19 request was for \$79,310

PY18 request was for \$77,000 and award \$77,000

PY17 request was for \$75,000 and award \$75,000

CCMHB request is for 99% of total program revenue. Other 1% is Interest Income (\$536) and Miscellaneous (\$146).

Expenses: Personnel related costs of \$70,004 are the primary expense charged to CCMHB at 88% of \$79,310.

Professional Fees/Consultants of \$9,306 are the remaining 12%.

Staff Comments: Total Agency Budget has a deficit of \$380,646 and total program \$7,865. CCMHB budget is balanced.

Program Staff - CCMHB Funds: 0.05 FTE Indirect and 1.10 FTE Direct. Total CCMHB = 1.15 FTEs.

Total Program Staff: 0.05 FTE Indirect and 1.10 FTE Direct. Total Program = 1.15 FTEs.

Audit Findings: *No negative findings in PY18 audit report. Audit is required for PY19 and, if funded, for PY20.*

CCMHB PY20 Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement – *Aligns with this priority, developed in response to violence in Champaign and Urbana. Case management for young adults identified by a multi-disciplinary team, through Champaign Community Coalition, including law enforcement and community stakeholders.*

Priority: Innovative Practices and Access to Behavioral Health Services

Priority: System of Care for Children, Youth, Families – *although not the selected priority, this program supports a high profile initiative of the Champaign County Coalition (system of care).*

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

RCI leadership and direct service staff will participate in at least one cultural competency training per year. Board demographics to mirror as closely as possible the population being served, including board member with lived mental health and/or substance use disorder experience or a family member of a person with one or more disorders. Rosecrance completes a bi-annual Organizational Cultural Competence assessment and utilizes the survey responses from client satisfaction surveys and analysis of population served to develop specific CLC Action for the following year after the assessment is completed. Monthly facility checklists are completed by the Environmental Services Staff to assess and modify physical facilities to be welcoming, clean, accessible and attractive. SOPs are reviewed quarterly by the agency's Performance Improvement department to ensure they are aligned with CLC principles. An Annual CLC Event is planned for each department within RCI. Former/current clients assist with education/outreach/engagement activities. In addition, services are provided in a school setting and in community-based settings based on the client's needs. Interagency Collaboration is outlined extensively within Part One of all the program applications. There are procedures for utilizing interpreters. Print and multimedia are provided in most languages that are commonly used by the populations served. There is no cost for clients to utilize language services that are provided by RCI. The CLC Plan was outlined with the CLAS Standards, and the updates were provided. It has clear actions that can be measured with the CLAS Standard. The Plan is a clear result of planning and collaboration captured from the CLC Plan from Prairie Center Health Systems as a result of the merger.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *Proposal targets young adults identified by law enforcement and community stakeholders as likely to be involved in violent criminal activity. Participants have been primarily from the cities; because the intent of the program is to reduce violence, participation follows 'zip codes' of highest incidence.*

Inclusion and Anti-Stigma: *Addressing stigma is not a focus of the application. This program is one of several high profile collaborative community awareness efforts to better reach those most 'unconnected' to systems of support.*

Outcomes: *Access and consumer outcomes are defined. Program clearly describes process and timeframes for engaging clients. Consumer outcomes and evaluation process are also identified.*

Coordinated System: *6 related organizations are named as collaborators (and referral partners), as part of and in addition to the Coalition's multidisciplinary team.*

Budget and Program Connectedness: *Budget supports staffing pattern and program services. The Budget Narrative provides adequate descriptions of revenues and expenses; personnel form and Program Plan Narrative are consistent.*

Technical Criteria

Approach/Methods/Innovation: *Based on the model in David M Kennedy's gun deterrence book, "Don't Shoot: One Man Street Fellowship, and The End of Violence in Inner-City America" which has been successfully implemented in cities across the United States. This innovative approach recommends a community coalition that includes law enforcement, social services, and the community working together to decrease gun violence. The CU Fresh Start Initiative is a collaboration between law enforcement, other criminal justice, and community stakeholders to address community*

violence. The Liaison is responsible for engaging adults who respond positively to the "call-in" and connecting them with resources to address specific needs: housing, employment, access to primary and behavioral healthcare, etc.

Evidence of Collaboration: Working agreements with 19 collaborators; some are service providers or other resources, and some are government units.

Staff Credentials: Credentials/qualifications of the clinical coordinator are provided.

Resource Leveraging: While the CCMHB is the sole funder of this program, the addition of intensive case management and subsequent supports is meant to improve results of the community wide effort to reduce violence through a promising model. That broader effort has received funding from Illinois Criminal Justice Information Authority for three years.

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2020 contract: *N/A*

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

Recommendation: Pending



Agency: Rosecrance Central Illinois
Program: Specialty Courts

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$203,000
PY20 Total Program Budget: \$279,502
Current Year Funding (PY19): \$203,000
Proposed Change in Funding - PY19 to PY20 = 0%

Focus of Application: Substance Use Disorder
Type of Contract: Grant
Priority: Behavioral Health Supports for People with Justice System Involvement

Services and People Served

Target Population:

Residents aged 18 and older, referred from Champaign County Court, non-violent felony offenders with a substance use disorder. Many have had multiple substance abuse treatment episodes. Some have also been incarcerated through the Illinois Department of Corrections. Drug Court consumers may receive substance abuse treatment services through RCI's Continuum of Care including Detoxification, Residential, Recovery Home, Intensive Outpatient and Outpatient Programs. The needs of consumers are assessed using the Diagnostic Statistical Manual (DSM-5) and The ASAM (The American Society of Addiction Medicine) Criteria. *Staff comment: slightly edited, section is similar to PY19 application.*

Scope, Location, & Frequency of Services:

Substance use disorder treatment services: assessment based on criteria set by DSM-5 and ASAM; modules from evidence-based approaches of the Matrix Model, Seeking Safety, and Hazelden Co-Occurring Disorders Program; Cognitive Behavioral Therapy; gender-specific group therapy; and intensive case management. Other services: random alcohol/drug testing, random home visits by law enforcement, incentives, sanctions, and involvement in 12-Step and/or other recovery support groups. Most treatment services are delivered on-site at RCI, at Probation, or at the County Jail. Case management may take place in client homes and other organizations throughout the county. *Staff comment: slightly edited; access to continuum of RCI and other services, as in PY19 application. The CCMHB has a long history of supporting Drug Court, funding activities which are not billable to other payers (case management, service coordination, drug team meetings, court proceedings, and court report prep.)*

Access to Services for Rural Residents:

Drug Court clients come from all areas of Champaign County. The majority of Drug Court treatment services are delivered on-site at RCI at Probation, or at the County Jail. Consumers are required to attend Court each Wednesday afternoon, as well as provide random breathalyzers and drug testing at RCI and Probation. Assistance in providing and/or arranging transportation to/from treatment and other services is provided by the RCI Drug Court Case Manager; bus tokens are also available on an as needed basis. RCI has two outpatient groups in Rantoul one day/week as well. Clients who reside in rural areas are provided transportation to treatment services by outreach workers upon request. RCI has one outpatient substance abuse group and provides individual substance abuse counseling in Rantoul one day/week as well.

Access to Services for Members of Underrepresented/Minority Populations:

For nearly 20 years, RCI has provided services for Champaign County Drug Court. RCI staff provides consumer-driven, strength-based, trauma-informed services with sensitivity to culture, race, ethnicity, age, gender, sexual orientation, and disability. This, coupled with random alcohol/drug testing, random home visits by law enforcement, incentives, sanctions, and involvement in 12-Step and/or other recovery support groups, results in higher successful completion rates. Underserved and underrepresented clients are served in all Rosecrance facilities in all programs, including residential, outpatient, and intensive outpatient services. Outreach workers ensure that underserved/underrepresented clients have

access to treatment by providing transportation and case management services. Outreach services take place throughout the community to make access easily available to clients.

Residency: Total Served in PY2018 and in first half of PY2019 = 37

Champaign Set	14 (37.8%) for PY18	14 (37.8%) for PY19
Urbana Set	17 (45.9%) for PY18	17 (45.9%) for PY19
Rantoul	2 (5.4%) for PY18	2 (5.4%) for PY19
Mahomet	1 (2.7%) for PY18	1 (2.7%) for PY19
Other Champaign County	3 (8.1%) for PY18	3 (8.1%) for PY19

Demographics: Total Served in PY2018

Age

Ages 19-59 ----- 36 (97.3%)

Ages 60-75+ ----- 1 (2.7%)

Race

White ----- 18 (48.6%)

Black / AA ----- 17 (45.9%)

Other (incl. Native American and Bi-racial) 2 (5.4%)

Gender

Male ----- 27 (73.0%)

Female ----- 10 (27.0%)

Ethnicity

Of Hispanic / Latinx origin ----- 1 (2.7%)

Not of Hispanic/Latinx Origin ----- 36 (97.3%)

Program Performance Measures

CONSUMER ACCESS:

Eligibility: convicted felon, not classified as high risk dangerous, not convicted of a non-probationable offense under 20 ILCS 301/40-5; no MI or DD which would interfere with completing requirements to graduate from Drug Court; complete a Drug Court Assessment; willing to engage in and comply with the treatment and supervision requirements of drug court; and residents of Champaign County at time of assessment and time of offense. Participants must be assessed as MEDIUM-HIGH RISK/HIGH NEEDS on a Validated Risk and Needs Assessment approved by Champaign County Drug Court. Assessment must show the participant has a drug or alcohol addiction or dependency. Substance abuse assessment now takes place prior to sentencing to drug court. Potential participants are identified by defense counsel, state's attorney, law enforcement, family, and friends. Defendants can request to be assessed for drug court through their attorney/counsel. **Within 0 days from referral, 100% of those referred will be assessed.**

Within 3 days of assessment, 75% of those assessed will engage in services.

People will engage in services, on average, for 1 to 1.5 years.

Additional Demographic Data: income level, education level, living arrangement, # of dependents, contact information, primary language, religion, veteran status, marital status, employment status, and legal status.

Staff comment: section lightly edited; fully addresses access processes and measures; apparent discrepancy in % above.

CONSUMER OUTCOMES:

1) Drug Court aims to eliminate substance abuse among the participants, decrease recidivism, help participants to achieve and maintain sobriety, and decrease the costs of crimes associated with substance abuse.

2) # of Graduates: FY18 Results: 24; FY19 Estimate: 20; FY19 Q1 and Q2: 7; FY20 Target: 20

3) a) % of Graduates who do not experience recidivism: FY19 Estimate: 65%; FY20 Target: 65%

b) Individuals with potential barriers who received Case Management services. FY18 Results: 100%; FY19 Estimate: 100%; FY19 Q1 and Q2: 100%; FY20 Target: 100%

Measured by:

1) The Drug Court Coordinator tracks the recidivism rate of the drug court graduates. Recidivism refers to graduates who are convicted of a new charge (excluding minor traffic offenses or ordinance violations) or are returned to court on a revocation of probation. The Drug Court Coordinator's report data is utilized to track recidivism (which includes

information tracked on drug court participants for 5 years post-graduation). The NOMs outcomes are required to be reported to the State of Illinois.

2) Client charts also are used to track progress in treatment, including admission and discharge data required for SAMHSA National Outcome Measures (NOMs). Clinical staff enter admission and discharge data required for SAMHSA NOMs in the client chart at intake and at time of discharge.

3) a) & b) The County Drug Court Coordinator tracks the recidivism rate of the drug court graduates. Recidivism refers to graduates who are convicted of a new charge (excluding minor traffic offenses or ordinance violations) or are returned to court on a revocation of probation. Positive changes in substance use, employment/education, and 12-step group involvement are anticipated for those who engage in the program.

Outcome gathered from all participants? Yes.

Anticipate 80 total participants for the year.

Will collect outcome information: Clinical staff enter admission/discharge data required for SAMHSA NOMs in the client chart at intake and at discharge.

Is there a target or benchmark level for program services? No. Because each treatment plan is individualized Rosecrance evaluates program data against previously reported data year by year for quality of services provided and NOMs outcomes do not have a national benchmark.

Estimated level of change for this outcome is N/A.

Staff Comments: Consumer outcomes and associated measures are relevant. A primary measure is reduced recidivism, tracked by the Drug Court Coordinator who is an employee of the court. Rosecrance staff track federal Substance Abuse Mental Health Services Administration (SAMHSA) measures associated with treatment progress, admission and discharge data for each client. Positive results associated with change in substance use, employment, education, and peer support are tied to graduation from the program.

UTILIZATION:

Treatment Plan Clients (TPCs): 80 Drug Court clients (40 new, 40 continuing) with a strengths-based, individualized Treatment Plan.

Service Contacts (SCs): 1,600 weekly Drug Court reports completed and submitted to Champaign County Drug Court.

Community Service Events (CSEs): 5 = 3 media reports on Drug Court and 2 Drug Court Graduation Events.

Other: 1,500 = 300 hours of Case Management for Drug Court clients by RCI outpatient treatment staff and 1200 Service Hours for individual and/or group treatment services provided to Drug Court clients by RCI outpatient treatment staff.

PY20 Annual targets (per Utilization Form)

	TPC	SC	CSE	OTHER
Annual Target	80	1600	5	1500

From submitted quarterly Service Activity reports:

PY19 Mid-Year Total	37	745	5	791.25
PY19 Target	95	1700	5	15000
PY18 Full-Year Total	88	1802	6	9965.16
PY18 Target	90	1700	6	23500

Financial Analysis

PY20 CCMHB Funding Request: \$203,000

PY20 Total Program Budget: \$279,502

Current Year Funding (PY19): \$203,000

Proposed Change in Funding - PY19 to PY20 = 0.0%

PY19 request was for \$203,000

PY18 request was for \$203,000 and award \$203,000

PY17 request was for \$199,050 and award \$199,050

CCMHB request is for 73% of total program revenue. Other sources: Program Service/Client Fees = \$1,748 (0.6%); Program Service Fees/Insurance = \$5,240 (1.9%); Program Service Fees/IL Dept Alcohol & Substance Abuse = \$15,040 (5.4%); Program Service Fees/Medicaid = \$51,448 (18.4%); Interest Income = \$2,398 (0.9%); Misc = \$628 (0.2%).

Expenses: Personnel related costs of \$172,903 are the primary expense charged to CCMHB at 85% of \$203,000. Other expenses: Professional Fees/Consultants \$24,360 (12%), General Operating \$3,237 (2%), and Occupancy \$2,500 (1%).
Staff Comment: Total Agency budget has a deficit of \$380,646, total program a deficit of \$5,596, and CCMHB balanced. Request is for the same amount but other revenue sources are lower than PY19. Personnel costs are a larger portion than in PY19, with other expenses lowered.

Program Staff - CCMHB Funds: 0.07 FTE Indirect and 3.20 FTE Direct. Total CCMHB = 3.27 FTEs.

Total Program Staff: 0.18 FTE Indirect and 4.20 FTE Direct. Total Program = 4.38 FTEs.

Staff Comment: while the total FTEs (3.27) are slightly different from PY19 (3.13), the CCMHB request would support more direct staff and less indirect.

Audit Findings: No significant findings with most recent audit, of PY2018. An audit is required for current year contract and, if selected for funding, for PY2020.

CCMHB PY20 Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement – proposal aligns with this priority and supports a longstanding collaboration between behavioral health and justice systems.

Priority: Innovative Practices and Access to Behavioral Health Services

Priority: System of Care for Children, Youth, Families

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

RCI leadership and direct service staff will participate in at least one cultural competency training per year. Board demographics to mirror as closely as possible the population being served, including board member with lived mental health and/or substance use disorder experience or a family member of a person with one or more disorders. Rosecrance completes a bi-annual Organizational Cultural Competence assessment and utilizes the survey responses from client satisfaction surveys and analysis of population served to develop specific CLC Action for the following year after the assessment is completed. Monthly facility checklists are completed by the Environmental Services Staff to assess and modify physical facilities to be welcoming, clean, accessible and attractive. SOPs are reviewed quarterly by the agency's Performance Improvement department to ensure they are aligned with CLC principles. An Annual CLC Event is planned for each department within RCI. Former/current clients assist with education/outreach/engagement activities. In addition, services are provided in a school setting and in community-based settings based on the client's needs. Interagency Collaboration is outlined extensively within Part One of all the program applications. There are procedures for utilizing interpreters. Print and multimedia are provided in most languages that are commonly used by the populations served. There is no cost for clients to utilize language services that are provided by RCI. The CLC Plan was outlined with the CLAS Standards, and the updates were provided. It has clear actions that can be measured with the CLAS Standard. The Plan is a clear result of planning and collaboration captured from the CLC Plan from Prairie Center Health Systems as a result of the merger.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: County-wide access, but due to the nature of the program, access is limited by justice involvement and assessment: non-violent felony conviction, sentenced to Drug Court, SUD. Services at offices in Urbana, Champaign, and Rantoul; participants must attend Drug Court each week.

Inclusion and Anti-Stigma: Drug Court Graduation events and media coverage may help reduce the stigma associated with substance use disorders, as does connecting people to community resources (focus of team activities). Reductions of re-offense and of relapse are by definition reductions of institutional care/confinement.

Outcomes: Primary outcome is graduation following one year of sobriety, with other positive accomplishments (employment, education). Recidivism is tracked and reported by Drug Court Coordinator.

Coordinated System: Rosecrance is the only substance treatment provider on the Drug Court Team, participating in drug court team meeting on coordination of services and referring clients to services to help decrease/remove barriers.

Budget and Program Connectedness: The budget narrative provides sufficient detail on all revenue and expense items, how they were determined, including the administrative costs calculation (management and general). No discrepancies are noted across financial documents. Specific responsibilities of assigned personnel are not elaborated in the Budget Narrative, but Program Plan Narrative and Personnel form are consistent.

Technical Criteria

Approach/Methods/Innovation: *as identified in 'Scope of Services.'* In addition, RCI continues to take part in the medication-assisted treatment project (Vivitrol) for Drug Court clients with opioid use disorder, a collaboration with County Court, Correctional Center, Carle Foundation Hospital, and pharmaceutical company. RCI's nursing staff are also utilized in provision of Vivitrol services.

Evidence of Collaboration: *written agreements with: Champaign County Court, Carle Hospital, Champaign County Probation, Family Services, State's Attorney, Public Defender, Cognition Works, SAFE House, Champaign County Sherriff, and Courage Connection.*

Staff Credentials: *good detail on degrees, licensure/certification, ongoing education, and supervision of staff associated with program. Additional trainings requested by Judge Ford, for Certification by Administrative Office of Illinois Courts.*

Resource Leveraging: Other Pay Sources: *agency Charity Care program to reduce self-pay balance for those unable to pay their balance in full based on current finances. Client Fees: Yes. Sliding Scale: No.*

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2020 contract: - N/A

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

Recommendation: Pending



Agency: CCRPC - Community Services
Program: Homeless Services System Coordination

Draft PY2020 Program Summary

PY20 CCMHB Funding Request \$51,906
PY20 Total Program Budget \$72,081
Current Year Funding (PY19) N/A
Proposed Change in Funding - PY19 to PY20 N/A

Focus of Application: Co-Occurring and/or Multiple Conditions
Type of Contract: Grant
Priority: Innovative Practices and Access to Behavioral Health Services

Services/People Served

Target Population:

Indirectly homeless households and households at risk for homelessness in Champaign County. Homeless and at risk for homeless households include survivors of domestic violence, persons with behavioral health issues, veterans, youth, families, and persons with disabilities (mental health, physical, and intellectual/ developmental). The direct recipient of services will be the IL-503 Continuum of Service Providers to the Homeless (CSPH), consisting of agencies and organizations, community members, and businesses that have interest in preventing, addressing, and serving the homeless of Champaign County. System wide coordination and efforts are required in order to remain competitive for federal funding for homeless services. Current efforts are provided by various Executive Committee members who have other primary employment responsibilities. The CSPH has not had a dedicated position to coordinate the efforts to address homelessness in Champaign County and address federal mandates. The Homeless Services System Coordination program would support a dedicated position, enhancing the focus and coordination of the system addressing homelessness in Champaign County that is necessary to improve the outcomes and efficiencies and remain competitive for funding to support homeless services.

Staff Comment: Primary focus is on improving coordination/collaboration of entities participating in the CSPH. The intent being improved coordination of local services, attention to federal funding requirements, and competitive federal applications, will lead to better outcomes for those who are homeless or at-risk of homelessness.

Scope, Location, & Frequency of Services:

Homeless Services System Coordination program will support a position whose general duties will be to:

- Provide support, facilitation, and direction to the IL-503 Continuum of Care (CoC), to support the body’s mission to end homelessness in Champaign County through a coordinated network of resources for individuals and families who are homeless or at-risk of becoming homeless.
- Coordinate efforts across the CoC membership to support the CoC goals and the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act regulations.
- Build and maintain collaborative partnerships with CoC membership and affiliates, working very closely with the CoC Executive Committee.

Location / Frequency: The services and supports will be provided throughout Champaign County in community-based settings, on a daily basis, primarily Monday-Friday during regular business hours. As necessary to support the program goals, services will be conducted on evening and weekends.

Staff Comment: Section has been edited by staff. The application proposes establishing a full-time position to provide day to day supports to the CSPH. Specific activities are described in the application such as coordinating meetings of the full Continuum and Executive Committee, tracking federal mandates and requirements and ensuring the Continuum is in compliance and/or making adequate progress to fulling federal funding obligations, tracking homeless services, data collection, annual surveys, ensuring service information available to the community is up to date and participate in other

provider networks, be the central point of contact with state and federal authorities for the CSPH, and staff support to Continuum applications for state and federal funding. The proposal is unique in its scope. The emphasis is on strengthening the network of homeless providers through a dedicated fulltime position serving as the central point of contact.

Access to Services for Rural Residents:

The Homeless Services System Coordination program will strive to address homeless issues faced by all of the residents of Champaign County, including residents of rural areas. The Coordinator will outreach to the public officials and service providers in rural areas to gain knowledge regarding the homeless issues encountered in the specific rural area, educate about the efforts of the IL-503 Continuum of Service Providers to the Homeless, and encourage participation as necessary and appropriate. This question is not fully applicable to the Homeless Services System Coordination program as the services will focus on coordination of the organizations providing the direct services to households who are homeless and at risk for homelessness. However, the services provided by the Homeless Services System Coordination program will be community based and include outreach throughout Champaign County.

Access to Services for Members of Underrepresented/Minority Populations:

Traditionally underserved or underrepresented minority populations such as African Americans represent the majority of households who are identified as homeless and at risk for homelessness in Champaign County. Asians and Hispanics represent a small proportion of the persons provided homeless services. The Homeless Services System Coordination program will serve members of underserved/ underrepresented minority populations through efforts to develop a stronger, more coordinated service system for households who are homeless and at risk for homelessness. The program will coordinate trainings to enhance the work of CoC membership organizations that serve underserved or underrepresented minority populations, including annual non-discrimination training for the full CSPH membership. The Homeless Services System Coordination program will also conduct regular outreach in the community with goal of increasing membership diversity. This question is not fully applicable to the Homeless Services System Coordination program as the services will focus on coordination of the organizations providing the direct services to households who are homeless and at risk for homelessness. However, the services provided by the Homeless Services System Coordination program will be community based and include outreach throughout Champaign County.

Residency & Demographics - N/A, proposal is for a NEW program

Staff Comment: Outreach to the broader community including rural areas and underrepresented/minority populations will be a function of the program. Homeless service providers are concentrated in Champaign and Urbana.

Program Performance Measures

CONSUMER ACCESS:

Agencies and organizations, community members, and businesses that have an interest in preventing, addressing, and serving households in Champaign County that are homeless or at risk for homelessness, participating in the IL-503 Continuum of Service Providers to the Homeless (CSPH) as a member or affiliate. Review of the participation of agencies/organizations, community members, and businesses in IL-503 Continuum of Service Providers to the Homeless (CSPH) meetings, committees, workgroups or sponsored events will determine eligibility for program services. Agencies and organizations, community members, and businesses that have interest in preventing, addressing, and serving households in Champaign County that are homeless or at risk for homelessness will learn about this program through the outreach of the program staff. The program coordinator will attend and share information regarding the CoC efforts at various community meetings (LAN, Community Coalition, Human Services Council, etc.). The program will also conduct targeted outreach in the community with goal of increasing membership and participation. Meeting schedules, meeting minutes, and reports related to the work of the IL-503 Continuum of Service Providers to the Homeless (CSPH) are also maintained on CCRPC's website.

Within 7 days from referral, 100% of those referred will be assessed;

Within 14 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for five out of the 12 months of the calendar year. Each member of the IL-503 Continuum of Service Providers to the Homeless will participate in at least 5 of 11 meetings each year.

Additional Demographic Data: The representation category of membership to the IL-503 Continuum of Service Providers to the Homeless (public/ governmental entity, private/ not for profit entity, business, or homeless/ formerly homeless person).

Staff Comment: Under this proposal, the beneficiaries of services are members of the homeless provider network/Continuum. Access and engagement are focused on increasing participation in the Continuum and strengthening

membership collaboration. By extension, this increased participation and collaboration should benefit those seeking help from individual providers and the network as whole.

CONSUMER OUTCOMES:

Outcome #1: Members of the IL-503 Continuum of Service Providers to the Homeless will understand the mission of IL-503 Continuum of Service Providers to the Homeless and their role as a member.

Specific Outcome Goals: 100 percent of members will be given the opportunity to complete an orientation. 80 percent of members who have completed an in-person orientation will endorse understanding the mission of IL-503 Continuum of Service Providers to the Homeless and their role as a member of the Continuum.

Description: An orientation presentation will be developed and used to orient all existing representative of member organizations and also future/ new members. In person orientations will be offered by the Homeless Services System Coordination program and the orientation presentation will also be available via a website link.

Outcome #2: The CSPH membership will be well informed of the local and national data and resources related to homelessness.

Specific Outcome Goals: The Homeless Services System Coordination program coordinator will attend no less than 12 webinars and trainings addressing CoC business and work, debriefing membership regarding the knowledge gained and necessary action items.

Description: The Department of Housing Urban Development (HUD) regularly hosts webinars and regional calls addressing new policies, outcome data, new homeless initiatives, etc. The frequency of these webinars is at least quarterly, but can sometimes be more than once a month. The Supportive Housing Providers Association hosts a monthly call for homeless providers across the state. Annually, there is a HUD Peer to Peer conference. There are a variety of webinar trainings that are provided throughout the year. The Homeless Services System Coordination program coordinator will attend teleconferences, webinars, and trainings addressing CoC business and work, and during monthly IL-503 Continuum of Service Providers to the Homeless membership meetings, debrief the members regarding the knowledge gained and necessary action items. As necessary and appropriate, the coordinator will coordinate meetings separate from the monthly Continuum meeting to provide more in depth information.

Outcome #3: Members of the IL-503 Continuum of Service Providers to the Homeless will have opportunities for training that will support an improved and responsive homeless services system.

Specific Outcome Goals: 100 percent of members will be given training opportunities each quarter.

Description: The Homeless Services System Coordination program coordinator will coordinate trainings to enhance the work of CoC membership organizations and to meet CoC mandates, including annual non-discrimination training for full CoC and other relevant trainings on topics such as cultural competency, housing first approaches, person centered planning, street outreach, trauma informed care, etc.

Measured by:

Outcome #1 Survey/Assessment: Members of the IL-503 Continuum of Service Providers to the Homeless will complete a pre and post orientation survey to document their level of knowledge.

Outcome #2 Survey/Assessment: The Homeless Services System Coordination program coordinator will track and report to the IL-503 CSPH membership all webinars, call-ins, conferences, and trainings that were attended. This will be reflected in the Continuum meeting minutes.

Outcome #3: The Homeless Services System Coordination program coordinator will track and report to the IL-503 CSPH membership all trainings made available and the number of participants attending. This will be reflected in the Continuum meeting minutes.

Outcome gathered from all participants? Yes

Anticipate 20 total participants for the year.

Will collect outcome information monthly.

Is there a target or benchmark level for program services? No

Estimated level of change for this outcome is 25%. The Homeless Services System Coordination program services hope to increase the engagement, involvement, and outcomes of the IL-503 Continuum of Service Providers to the Homeless. The estimated level of change is a 25% increase of Executive Committee representation, 25% increase of full membership attendance, and addition of at least 2 entry points in the Coordinated Entry System (CES) for homeless.

Staff Comment: Outcomes identified and associated steps/activities to accomplish them are described. Measures for each outcome appear more process oriented, particularly #2 and #3. Outcomes do align with goal of strengthening the Continuum's capacity to address homelessness.

UTILIZATION:

Treatment Plan Clients (TPCs) 15 - representatives from the IL-503 Continuum of Service Providers to the Homeless (CSPH) organizations that complete an orientation regarding the mission of IL-503 Continuum of Service Providers to the Homeless, the work of the Continuum, and their role as a representative of a member organization.

Service Contacts (SCs) 40 - persons participating in trainings coordinated by this program.

Community Service Events (CSEs) 18 total of:

- Number of contacts (meetings) to promote the program, including individual meetings with non-member entities focused on increasing membership, public presentations (including mass media shows and articles), consultations with community groups, school class presentations, and small group workshops.
- Number of Homeless Services System Coordination program coordinated trainings.
- Number of meetings related to the annual homeless Point in Time (PIT) count to inform the community about the event and the event results, solicit and train volunteers, and the actual event.

PY20 Annual targets (per Utilization Form)

	TPC	SC	CSE
Annual Target	15	40	18

Staff Comment: Utilization categories defined in relation to application’s scope of services and reflect the focus on serving and engaging agencies rather than serving individuals.

Financial Analysis

PY20 CCMHB Funding Request \$51,906

PY20 Total Program Budget \$72,081

Current Year Funding (PY19): N/A – not currently funded

Proposed Change in Funding - PY19 to PY20: N/A

CCMHB revenue is 72% of total program budget. Other revenue is from HUD Housing Grant, \$20,175 or 28%.

Personnel related costs of \$36,793 are the **primary expense** charged to CCMHB, at 71% of \$51,906.

Other expenses are: General Operating \$3,000 (6%), Occupancy \$11,263 (22%), Conferences/Staff Development \$250 (0%), and Local Transportation \$600 (1%).

Staff Comment: Occupancy expense reflects indirect cost rate of 45% charged to the program. The indirect cost rate applied to CCRPC Head Start and to CCRPC Community Services applications is different. This approach is approved by Illinois DCEO: 45% on 100% of salaries, for benefit time and staff related overhead, is recorded under ‘Occupancy’ expense line. (CCRPC Head Start uses 45% on 85% of salaries, per GATA approved rate.) Total Agency, Total Program, and CCMHB Budgets are balanced.

Program Staff funded by CCMHB: 0 Indirect and 1 FTE Direct, Total CCMHB = 1.00 FTEs.

Total Program Staff: 0 Indirect and 1 FTE Direct, Total Program = 1.00 FTEs

Staff Comment: Proposal is to support one full-time position. Error on personnel form identifies the position as 100% supported by CCMHB, actual percentage is 72% and aligns with CCMHB revenue as percentage of total budget.

Audit Findings: *As a new proposal, there is not a relevant audit. If funded, an audit will be required for PY2020 and will be included with the Champaign County Audit.*

CCMHB PY20 Decision Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement

Priority: Innovative Practices and Access to Behavioral Health Services: *Proposal submitted for consideration under this priority. Intent is to improve coordination and collaboration of providers and other entities involved in the Continuum of Service Providers to the Homeless (CSPH). The approach is unique in its focus on developing a more cohesive system serving individuals and families who are homeless or at risk of homelessness.*

Priority: System of Care for Children, Youth, Families

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

The CLC Plan for Champaign County Regional Planning Commission matched the actions with National (Culturally and Linguistic Appropriate Services) CLAS Standards and the updated format that was outlined in the application. There is not a clear strategy of engagement for underrepresented or marginalized communities and rural communities outside of meetings and web presence. The populations that are outlined in the application are challenging to reach due to their ability to obtain housing and youth who are involved in multiple systems. In the application there is interagency collaboration to ensure access for the targeted populations.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *The membership of the Continuum of Service Providers to the Homeless is comprised mostly of organizations located in Champaign and Urbana. Includes commitment to conduct outreach to officials and organizations in rural areas of the county and to those serving underrepresented populations.*

Inclusion and Anti-Stigma: *Promoting training opportunities, identifying model policies and other resources on various topics including reducing stigma and promoting inclusion to CSPH membership is a facet of the proposed services and responsibility of the fulltime position. Review of online resources, e.g. 211, to ensure information on local homeless services is update is planned as part of the CSPH Coordinated Entry System.*

Outcomes: *Outcomes align with goal of strengthening the Continuum's capacity to address homelessness.*

Coordinated System: *Proposal is focused on supporting and facilitating increased coordination within the CSPH, an established provider network. Effort will also be made to expand participation in CSPH.*

Budget and Program Connectedness: *Budget narrative includes adequate descriptions of all expenses and revenue sources. The qualifications of the new full-time position and budgeted expenses support the scope of services. Minor errors are present in some of the financial forms that need to be corrected.*

Technical Criteria

Approach/Methods/Innovation: *Various models are referenced in the proposal and will be targeted for research and education and training. Specifically referenced is Housing First. The CSPH is required to move to a Coordinated Entry System that prioritizes services based on an individual's vulnerability and severity of need. The VI-SPDAT (Vulnerability Index Service Prioritization Decision Assistance Tool), an evidence informed assessment tool, is identified as the screening tool to be used as part of the movement to a Coordinated Entry System.*

Evidence of Collaboration: *All voting members of the CSPH are required to complete a Memorandum of Understanding (MOU). Application references 26 entities as having completed an MOU. Scope of services includes orientation for members and effort to recruit new members as a responsibility of the full-time position.*

Staff Credentials: *Application includes a full description of relevant position requirements and specialized trainings.*

Resource Leveraging: *CCMHB funding accounts for 72% of total revenue. Housing Urban Development (HUD) Continuum of Care Program-CoC Planning Grant funds account for the balance of funding. The CSPH does not charge a membership fee. The HUD funds are an existing source of support for CSPH.*

Process Considerations & Caveats

Contracting Considerations: *If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2020 contract:*

- *Prior to executing contract, minor errors to financial forms are to be corrected:
Total Program column should include an expense for local transportation; personnel form has errors.*
- *Sections of Part I form are to be edited to comply with established word limits.*
- *Fourth quarter financial reports will be used to determine whether excess revenue is due to the Board.*

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

Recommendation: Pending



Agency: Champaign County Christian Health Center
Program: Mental Health Care at CCCHC

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$13,000

PY20 Total Program Budget: \$147,000

Current Year Funding (PY19): N/A

Proposed Change in Funding - PY19 to PY20 N/A – a NEW Request

Focus of Application: Co-Occurring and/or Multiple Conditions

Type of Contract: Grant

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population:

On the 2018-2020 Community Health Survey conducted by Carle and Presence Hospitals, United Way, and Public Health, it was reported that survey respondents ranked mental health services as the lowest available resource in their community with 51% reporting inadequate or very inadequate services available in Champaign County (Community Health Survey, 2017). One of the three most common diagnoses from patients coming to the Champaign County Christian Health Center (CCCHC) involves mental health. In response, CCCHC either directly or indirectly helps achieve the three long term behavioral health goals listed in the survey, including promoting community awareness about mental health (through outreach events where CCCHC encourages individuals to visit the clinic), implementing early intervention and assessment practices (by providing primary care, those with behavioral health issues are treated or properly referred to other services), and expanding current treatment services (through health care providers treating those with behavioral health needs and recruiting more mental health care practitioners to volunteer with CCCHC).

Staff Comment: Population to be served are those patients presenting with mental health needs. Specific population to be served is described in the Scope of Services section as "to any uninsured and underinsured resident of Champaign County, typically between the ages of 18 and 64...."

Scope, Location, & Frequency of Services:

Although CCCHC recently stopped offering mental health care specifically from mental health practitioners, our primary care providers still treat or refer those with various mental health conditions, especially anxiety and depression. CCCHC hopes, with CCMHB funding, to recruit new psychiatrists, psychologists, and counselors to provide direct mental health care to our patients. Currently, CCCHC mental health patients receive mental health screenings, primary care, prescriptions, and referrals to specialized care as needed. These services are provided to any uninsured and underinsured resident of Champaign County, typically between the ages of 18 and 64 (as those under 18 and over 64 generally have some form of health care coverage). Having the resources to recruit and orientate new mental health care practitioners to volunteer with CCCHC will greatly enhance community resources in this area. Services will be provided at Community Resource Center at OSF Hospital. The care provided mental health patients at CCCHC will occur during any primary care clinic night: every Tuesday and 2 Wednesdays a month. Follow up for various case management efforts such as referrals, follow up appointments, and troubleshooting will take place during office hours during the day.

Staff Comment: This is a new proposal. The Champaign County Christian Health Center (CCCHC) primary care providers deliver healthcare services including mental health services or refers patient to mental health provider. Proposal seeks support for recruiting mental health providers as the clinic does not have any on staff at this time. Recruited providers would be asked to volunteer their services. Specific recruiting activities not identified.

Access to Services for Rural Residents:

While the majority of CCCHC patients over the years have primarily been from the Urbana-Champaign area, we have a long history of seeing people outside of the cities. In the past, when CCCHC had more resources, we conducted a satellite clinic in Rantoul at Crossroads of Life Church. We have also had satellites at Orchard Downs and have used Carle's mobile clinic. Currently, with limited resources, our only facility is at the CRC at OSF Hospital. However, CCCHC does engage in outreach efforts that reach beyond Urbana-Champaign such as having a presence at the Farmer's market, Disability Expo, Parish Nurse training (that includes parish nurses across the county) and other community events that includes individuals throughout the county. With increased resources, CCCHC can expand its reach and better inform those in rural communities of our services, including but not limited to using radio ads for example. Rural residents will be served at community events (i.e. Farmer's Market, Sweet Corn Festival, etc.) where CCCHC conducts various health care screenings and at the clinic where they can receive health services.

Access to Services for Members of Underrepresented/Minority Populations:

Ever since its start in September of 2004, CCCHC has provided free health care to underserved and underrepresented minority populations. Unfortunately, poverty and lack of insurance tends to be associated with minority and underrepresented groups. As of last year, 65% of CCCHC clients were non-white (White 35%, Black 28%, Asian 17%, Hispanic 5%, American Indian/Alaskan Native 1%, Mixed Race 10%, No Response 4%) while the mode category of reported income was \$0-\$19,000/year. CCCHC patients are often subject to issues involving unemployment, lack of education, housing problems, and other socioeconomic concerns. Most services for underserved/underrepresented groups will take place at the clinic. However, some screening services and outreach efforts sometimes target areas associated with the presence of these groups (such as community events held at Douglass Park).

Residency & Demographics – N/A

Staff Comments: As a medical clinic, services are office based. CCCHC is located at the Community Resource Center at OSF Hospital. Free health screenings are offered at various public events in Champaign and Urbana. To access services rural residents must travel to the clinic. CCCHC has a more direct impact on the underrepresented/minority population.

Program Performance Measures

CONSUMER ACCESS:

Any person calling for an appointment or walking in that are either self reported uninsured or underinsured is eligible. No written verification is required and there is no application form to gain access to services. Self-reporting only. Potential patients for CCCHC are reached through various outreach events (i.e. Farmer's market), referrals from other health care facilities (i.e. Carle Hospital, OSF Hospital), word of mouth, and online media (i.e. Facebook).

Within 5 days from referral, 100% of those referred will be assessed.

Within 0 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: varies greatly as some patients come in one time only while others may be a patient for years.

Additional Demographic Data: income (categorical), visits to the ER in past 3 months, level of education (categorical).

Staff Comment: Self-report of need for services drives eligibility. All referred are projected to engage in services 100%.

CONSUMER OUTCOMES:

- 1) Each person seeking healthcare will be screened for behavioral health issues and treated as necessary
- 2) Each person needing mental health care (being treated for anxiety, depression, ADHD, ADD, insomnia, bipolar, etc.) will be treated or referred to other health care facilities as needed.
- 3) Any person needing lab work done related to their diagnosis will receive their labs at no charge
- 4) For those needing medications, patients will be given a prescription (within the care parameters provided by CCCHC)
- 5) Any patients receiving mental health care at CCCHC will report a 4 or better (out of 5 with 5 being the highest) on their patient satisfaction survey
- 6) Increase in the number of volunteer mental health providers

These outcomes are measured by:

- 1) Patient medical records
- 2) Patient medical records
- 3) Patient medical records and lab reports
- 4) Patient medical records
- 5) Patient satisfaction surveys
- 6) Volunteer Database

Outcome gathered from all participants? Yes.

Anticipate 150 total participants for the year.

Will collect outcome information Weekly or upon appointment completion.

Is there a target or benchmark level for program services? No.

Estimated level of change for this outcome: Our goal level of change involves the recruitment of mental health care practitioners which, consequently, increases the number of patients seen needing mental health care. We would like to recruit one psychiatrist, one psychologist, and one counselor, going from 0 to 1 for each of these professions.

Staff Comment: Only outcome #5 has a means of measuring impact – client satisfaction survey, and projected target associated with it. The other five measures are process oriented. Outcome #6 and the response to “Estimated level of change” question is the proposal in a nutshell.

UTILIZATION:

Treatment Plan Clients (TPCs): 80 patients who are seen by a healthcare provider and assessed as having at least one behavioral or mental health issue to address.

Non-Treatment Plan Clients (NTPCs): 50 - those receiving health education information at outreach events and family members of patients who come to the clinic.

Community Service Events (CSEs): 6 – total of: screenings done at various community events, meetings with other healthcare providers to enhance care across the county, or presentations about the clinic at churches, training of parish nurses, and other venues.

PY20 Annual target (per Utilization Form)

	TPC	NTPC	CSE
Annual Target	80	50	6

Financial Analysis

PY20 CCMHB Funding Request: \$13,000

PY20 Total Program Budget: \$147,000

Current Year Funding (PY19): N/A

Proposed Change in Funding - PY19 to PY20 = N/A – a NEW proposal

CCMHB request is for 9% of total program revenue. Other sources are Contributions - various = \$117,000 (80%), Grants - Illinois Settlement Funds = \$10,000 (7%), Grants - Cunningham Township/City of Urbana = \$5,000 (3%), and Grants - Community Foundation = \$2,000 (1%).

Expenses: Personnel related costs (payroll taxes and benefits only) of \$2,000 are 15% of expenses to be charged to CCMHB. Others are: Professional Fees/Consultants (for MHB required financial review or audit) of \$3,000 (23%); Consumables \$4,000 (31%); General Operating \$3,000 (23%); Conferences/Staff Development \$500 (4%); and Equipment Purchases \$500 (4%).

Staff Comment: Total Agency budget shows excess revenue of \$45,000; Total Program expense appears to be incorrect (no salaries) and therefore shows an excess of \$105,000 (due to error in Personnel form); and CCMHB budget is balanced. The expense attributed as Payroll Taxes/Benefits is healthcare for the directors. Proposal seeks to recruit mental health professionals to volunteer at the CCCHC yet CCMHB funds are allocated to operating expenses not personnel who would be responsible for recruiting and managing the volunteers.

Program Staff - CCMHB Funds: N/A

Total Program Staff: no staff costs were entered in the personnel form under Total Program.

Staff Comment: Errors to personnel and expense form need to be corrected.

Audit Findings: N/A – not previously funded. Due to total agency revenue amount, a minimum of a financial review will be required, and an appropriate amount has been budgeted in Professional Fees to cover the cost of this review.

CCMHB PY20 Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement

Priority: Innovative Practices and Access to Behavioral Health Services: *Proposal seeks assistance with recruiting mental health providers to volunteer at the health clinic. In the absence of such providers, patients with mental health needs are seen by primary care providers or referred to other healthcare facilities.*

Priority: System of Care for Children, Youth, Families

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

Champaign County Christian Health Care Center is a new program that has not had the technical assistance of cultural competence development to incorporate all their values in their CLC Plan. The CLC Plan format was followed based on the application instructions. Additional Technical Assistance will be recommended about CLC development throughout the organization. The program plan outlined that there is no screening for patients to receive services. They rely on the self-disclosure that is included on the intake form. The program plan part one addresses the outreach and engagement strategies for the under-represented communities. Inter-agency collaboration with the Community Resource Center, OSF, and Carle Hospital. Volunteer Interpreters will be utilized based on the need of the patient that is receiving services.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *The CCCHC is located in Champaign limiting access by rural residents. Underserved/minority population with no or limited resources is the primary population served.*

Inclusion and Anti-Stigma: *Proposal does not include activities targeted to reducing stigma but includes a statement of valuing and respecting all people. Clinic's focus is on serving anyone presenting with a physical or mental health need.*

Outcomes: *Consumer Outcomes are primarily process oriented. Use of client satisfaction survey for one outcome does include performance outcome measure target.*

Coordinated System: *Located at OSF Hospital in the Community Resource Center. Clinic is open every Tuesday night and two Wednesdays per month. As a free clinic, other healthcare providers may refer patients to the clinic.*

Budget and Program Connectedness: *Although financial forms will require some revisions, the budget narrative provides adequate descriptions of all revenues, expense items, and personnel. At the time of application, the agency did not have an executive director or medical director but expected to by mid-February. Allocation of funds across expense lines does not align with program's emphasis on recruiting mental health providers to volunteer at the CCCHC. Some realignment of expenses to recruitment efforts is needed.*

Technical Criteria

Approach/Methods/Innovation: *The CCCHC is a free medical clinic open one or two evenings per week. Participation in faith-based activities is not a condition of receiving services but patients are said to be offered prayer.*

Evidence of Collaboration: *OSF Hospital provides space for the clinic and lab services. There is some expense associated with the lab tests based on General Operating expense description in the Budget Narrative. Informal agreements with other providers alluded to but not detailed.*

Staff Credentials: *Clinic is in the process of hiring an Executive Director and Medical Director. The Fund Development Director has a PhD in Community Health. Responsibilities of this position include managing clinic finances. All other staff are volunteers. All medical providers are appropriately licensed.*

Resource Leveraging: *CCMHB is 9% of total revenue.*

Process Considerations & Caveats

Contracting Considerations: *If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2020 contract:*

- Realign expenses to match program focus on recruiting and managing mental health providers.*
- Revisions will be required in Personnel, Expense, and Budget Narrative forms.*
- Revise Consumer Access measures (to add up) and Consumer Outcome measures (to focus on customer satisfaction)*
- consider a back-up strategy: specialized training for primary care physicians currently volunteering*

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

Recommendation: *Pending*



Agency: Champaign County Health Care Consumers
Program: CHW Outreach and Benefit Enrollment

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$59,300

PY20 Total Program Budget: \$134,541

Current Year Funding (PY19) N/A

Proposed Change in Funding - PY19 to PY20 N/A – a NEW request

Focus of Application: Co-Occurring and/or Multiple Conditions

Type of Contract: Grant

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population:

Residents of Champaign County who have mental illness and/or substance use disorders, or are experiencing self-identified depression, anxiety, isolation, or other issues that affect their mental health and well-being are the target population. We will serve individuals of all ages and stages of life, including the very young and the elderly. Many individuals do not self-identify as needing mental health or substance use disorder treatment initially, but in the course of working with them to help them qualify for benefits and/or access necessary health and social services, mental health and behavioral health needs may be identified, especially after trust is established. We estimate that approximately 35 to 40% of all of our clients have some such need, and the percentage is higher with older/elderly adults who frequently have isolating circumstances and/or co-morbid health issues (for example, depression is frequently present with diabetes). Our target population includes stressed individuals living on low incomes, no income, or low fixed incomes, who are dealing with complex and chaotic systems for benefits that are overwhelming and stressful. Many lack health literacy or have overall low-literacy, or speak a different language and are underserved or underrepresented as a result.

Staff Comment: Champaign County Health Care Consumers (CCHCC) works with a diverse population with range of health needs and other associated needs or risk factors, including a significant percentage experiencing mental illness and/or substance use disorders. Under this new application, CCHCC seeks support for assisting those of all ages presenting with mental illness and/or substance use disorders (MI/SUD).

Scope, Location, & Frequency of Services:

The Community Health Worker services to be provided include enrollment in all forms of health insurance for all stages of the lifespan, other public benefit programs, help with maintenance of those benefits, case management, and education and outreach. The specific activities and supports include:

- Enrollment in Medicaid health insurance (including Medicaid Managed Care) or private plans through the Marketplace under the Affordable Care Act (as well as Medicare programs for those who are eligible by virtue of age or disability status);
- Enrollment in Medicare Extra Help and Medicare Savings Program to help reduce the out of pocket costs associated with Medicare;
- Enrollment in hospital/clinic financial assistance programs, such as Carle's Community Care Discount Program, and OSF's Financial Assistance Program;
- Help applying for Promise Healthcare's sliding scale and for completing the new patient packet;
- Help with prescription drugs through our in-house Rx Fund program which covers the costs of co-pays and prescriptions for low-income individuals, and, where appropriate, enrollment in pharmaceutical assistance programs to help cover the costs of prescription medications;
- Enrollment in SNAP (food stamps);
- Enrollment in SafeLink phone program;

- Access to affordable dental care and vision care; and
- Additional case-management, including warm-referrals and advocacy services as needed to help clients access other benefits and social services.

CCHCC will provide one full-time equivalent Community Health Worker to provide these services to the target population. Services and materials will be provided in English and Spanish.

Direct client services will be provided at multiple locations including:

1. CCHCC office in downtown Champaign;
2. Rosecrance Central Illinois (all locations);
3. Rantoul's Community Service Center of Northern Champaign County; and
4. As needed, at other locations where the target population is served, including for special events.

Community outreach events will occur at various locations throughout the county and in C-U.

Staff Comment: Primary focus is on enabling the uninsured to gain access to needed health services or address related needs contributing to the individual's basic needs/general well-being by assisting with enrollment in range of benefit plans. Additional services include advocacy with benefit managers and healthcare providers, conflict free case management and community outreach and education. Access to an in-house prescription assistance program is notable. Various access points are identified. How often staff is present at any given location is not indicated.

Access to Services for Rural Residents

CCHCC will conduct outreach directly to these townships to provide information about our services. We will focus on conducting outreach to the township offices, and also to various locations within the townships, including posting flyers at post offices, groceries, laundromats, etc. We will also use earned media and social media for our outreach, and we will work with CIT and Sheriff's Office to ensure that law enforcement officers are aware of our services. Rural residents will be served in a number of different locations: our office in downtown Champaign, at other locations in C-U (including Rosecrance) if the resident is going to be in C-U for some other purpose, at Rantoul's Community Service Center of Northern Champaign County, and if needed, in the specific community where the rural resident(s) reside.

Access to Services for Members of Underrepresented/Minority Populations

We will engage and serve individuals as a result of receiving referrals, walk-ins, calls, and doing community outreach throughout the county. We are a well-established organization with an ever-increasing client base, including many in the target population who need services every year and on an ongoing basis. Our outreach and education efforts around Open Enrollment for the Marketplace and Medicare, and for Medicaid Managed Care always result in more clients seeking out our services. Our office is located in downtown Champaign and we receive many walk-ins from the target population. We are also regularly stationed on certain days at Daily Bread, and in Rantoul. We have referral relationships with staff in Cunningham Township, Urbana and Champaign schools, CUPHD, and many other organizations who also serve the target population. We will also engage and serve individuals through social media and email, once we have established contact. We take a public health approach to providing our Community Health Worker services – we aim to provide our services where the people in need of those services are. We will serve people at our office in downtown Champaign, which is centrally-located and near bus lines, as well as various community and county locations described in other sections of this Program Plan.

Residency & Demographics – N/A – a NEW request

Staff Comment: Commitment made to conduct outreach in rural areas and to meet with clients, particularly the medically underserved areas of the county. Primary access points for assisting clients are in Champaign and Urbana. Extent of presence at Community Service Center of Northern Champaign County is not indicated. CCHCC increases outreach and community education during periods of open enrollment yielding an increase in people seeking assistance. CCHCC also indicates a general increase in requests for assistance while also working with other social service providers/systems. Commitment to meeting people where they are is reiterated. Specific response addressing underserved/minority populations is not addressed but implied based on the target population description.

Program Performance Measures

CONSUMER ACCESS:

Individuals eligible for this program are residents of Champaign County who have mental illness and/or substance use disorders, as well as residents who experiencing stress, anxiety, depression, or other conditions that affect their mental health and well-being, whether or not they identify or present themselves as individuals with mental illness and/or substance use disorders. We establish that the client resides in Champaign County and that they have mental health and/or

substance use disorder needs. We will also accept referrals from mental and behavioral health providers and other agencies that have identified individuals who may meet the criteria. Likewise, individuals who self-report as having mental health and/or substance use disorder needs, or who indicate that they are suffering with stress, anxiety, depression, etc. will be served through this program. People will learn about this program through our outreach and education to the general public and to agencies and organizations that are in a position to refer clients. We already have extensive referral networks and collaborations that result in new clients to our organization every day. We will also use earned media and social media to communicate information about our program. We will hold community meetings and we will also go and speak at community events in order to do outreach and education to the broader community.

Within 2 days from referral, 90% of those referred will be assessed.

Within 1 days of assessment, 80% of those assessed will engage in services.

People will engage in services, on average, for: Months or years. Enrollment in public benefits must be done on an annual basis, and sometimes every six months.

Additional Demographic Data: language preference/need, and homelessness. We do not collect data on immigration status, but we are frequently exposed to this information as a result of having to know what programs and benefits an individual may or may not be eligible for based on their status.

Staff Comment: Eligibility criteria clearly described. Means for establishing a client has mental health or substance use disorder based on referral source or self-report. Existing relationships with referral sources as well as street outreach are key access points for reaching the target population. Length of engagement is tied to the need to reenroll in benefit programs on an annual basis. Unless an issue arises with coverage requiring advocacy or other need associated with accessing care, regular contact between enrollment periods would be limited. That data is collected on homelessness is an indication of the general population CCHCC engages with.

CONSUMER OUTCOMES:

This program will serve approximately 300 unduplicated clients and will result in these clients gaining and maintaining health insurance, SNAP, and other benefits and services. As a result of gaining health insurance, clients will gain access to needed care and prescriptions, food, free phones, dental and vision care, hospital financial assistance, and other benefits and services. Each client, on average, typically requires assistance with two applications. We anticipate providing assistance with approximately 600 applications.

At intake, and throughout the process of working with the client, needs are identified and prioritized. Our Client Services Intake Form specifies the kinds of benefits and services the client needs. We track outcomes for each client, as we track enrollment in health insurance, SNAP, hospital financial assistance, and other benefits and services, so we know whether that need has been met.

Outcome gathered from all participants? Yes.

Anticipate 300 total participants for the year.

Will collect outcome information Daily, with each client encounter. Results are compiled on a monthly basis.

Is there a target or benchmark level for program services? Yes. The main target for program services is health insurance enrollment. Health insurance enrollment is verifiable. We can look up a person's health insurance status in the state's "Medi" system, the Marketplace, and Medicare portals. Likewise, we can look up SNAP status as well. Enrollment in public benefits is easily verifiable.

Estimated level of change for this outcome is: insured status from uninsured, and/or enrollment or re-enrollment in a Medicaid Managed Care plan, a Marketplace plan, or a Medicare-related plan. Estimated change in 90% of clients served.

Staff Comment: Outcome measure is tied directly to successful completion of a given benefit application. Means for verifying enrollment in health insurance/Medicaid/Managed Care is identified. Program projects target of 90% of clients served completing enrollment.

UTILIZATION:

Treatment Plan Clients (TPCs): 275 - those who require more than one contact and who may have case management needs. For the purposes of this program, this is majority of the clients who will be served.

Non-Treatment Plan Clients (NTPCs): 45 – those who need a low-intensity of service, perhaps they simply need one contact and it is to get some information, guidance, or direction. Or they might be established clients who meet program criteria, but are very self-sufficient.

Service Contacts (SCs): 650 - as a result of serving approximately 300 clients in FY2020 through this program. Clients frequently require assistance with enrollment in more than one program, and some programs, like Medicaid and Medicaid

Managed Care require redeterminations and help choosing appropriate plans. Clients also frequently receive mail from DHS or Medicare that is confusing to them, and they bring us this mail or call us about it in order to get help understanding it and complying with requirements.

Community Service Events (CSEs): 7 - total of public presentations, presentations at adult education programs, meetings between agencies where we provide education and referral information, earned media from articles and interviews, and through distribution of informational materials.

Other: 40 - pertain to our Rx Fund, which helps cover costs of medications for our clients. We track clients and the number of prescriptions covered, and the cost for the prescriptions per client. Many clients, even with Medicaid or Medicaid Managed Care, cannot afford the costs of co-pays. Also, when clients' Medicaid enrollment lapses or they are dropped, they need help covering the full cost of medications until they are successfully re-enrolled in Medicaid.

Pharmacies require payment at the time of service, unlike health care providers who can provide services and then back-bill Medicaid for services provided in the 90 day "look back period" prior to when Medicaid enrollment was established.

Staff Comment: Level of engagement required varies between clients served (TPCs and NTPCs). Screening contacts reflect multiple contacts required to complete enrollment or assistance provided to enroll a client in multiple benefit plans due to multiple needs, e.g., health insurance, prescription assistance, and SNAP (food stamps). Other category is tied to prescription assistance benefit program managed by the agency.

PY20 Annual targets (per Utilization Form)

	TPC	NTPC	SC	CSE	OTHER
Annual Target	275	45	650	7	40

Financial Analysis

PY20 CCMHB Funding Request: \$59,300

PY20 Total Program Budget: \$134,541

Current Year Funding (PY19): N/A

Proposed Change in Funding - PY19 to PY20: N/A – a NEW request

CCMHB request is for 44% of total program revenue. Other sources of revenue: Contributions - various = \$25,219 (19%); Grants - Healthy Illinois = \$10,692 (8%); Grants - Urbana = \$6,930 (5%); and Grants - Other = \$30,000 (22%).

Expenses: Personnel related costs of \$57,600 are the primary expense charged to CCMHB at 97% of \$59,300. Other expenses are Specific Assistance \$500 (1%), Equipment Purchases \$600 (1%), and Consumables \$600 (1%).

Staff Comment: Total Agency Budget does not match other application (Justice), this proposal shows a surplus of \$17,458. Total Program and CCMHB budgets are balanced. No CCMHB funds are allocated to the Professional Fees/Consultants line for cost of audit. Specific assistance expense line reflects amount budgeted for prescription assistance charged to the Board. Equipment expense is to purchase laptop for working with clients in the field. Transportation expense is charged to program but not allocated to CCMHB. As a new applicant, agency has underestimated expense to be incurred to meet CCMHB specific audit requirements. Commitment to outreach and engagement in rural areas would incur an expense that is not budgeted.

Program Staff - CCMHB Funds: 0.2 FTE Indirect and 1.2 FTE Direct. Total CCMHB = 1.40 FTEs.

Total Program Staff: 0.30 FTE Indirect and 1.25 FTE Direct. Total Program = 1.55 FTEs.

Audit Findings: N/A – not previously funded. An audit will be required if this proposal is selected for funding.

CCMHB PY20 Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement

Priority: Innovative Practices and Access to Behavioral Health Services: *This is a new application to the CCMHB for the purpose of assisting the uninsured of any age with MI/SUD enroll in benefit applications, primarily health insurance/Medicaid/Managed Care. Advocacy/case management is also an element of services provided on behalf of the client. Scope of services mirrors that of the CCHCC justice application but extends supports to the community.*

Priority: System of Care for Children, Youth, Families

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

Champaign County Health Care Consumers is a new organization that has submitted funding and has partnered with Promise Healthcare to provide services that have been funded by CCMHB previously. Their actions matched the National CLAS Standards that were outlined in CLC Plan. With both programs they are creating access for marginalized populations and underrepresented for mental health care while they are incarcerated as well as a plan of action upon their release from jail. Language services will be provided for clients once language and literacy needs have been assessed. Inter-agency collaboration is outlined in the program plan as well as the CLC Plan on how they will engage clients who are not currently in jail. They reported that they will have annual CLC Training and work to build a diverse board of directors and workforce.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *While program commits to conducting outreach in rural areas of the county, primary access points are within Champaign and Urbana. Specific response addressing underserved/minority populations is not addressed but implied based on the target population description.*

Inclusion and Anti-Stigma: *Response links enrollment in benefit plans to increased access to healthcare thereby reducing stigma. Commitment to warm hand-offs as part of the work CCHCC does in advocating for clients promotes dignity and respect. Inclusion, as interpreted here by CCHCC, is accomplished through targeted outreach. This addresses non-discrimination; community awareness activities (not identified here) have anti-stigma impact.*

Outcomes: *Access and consumer outcomes are sufficient to measure impact of proposed services. Utilization targets are clearly defined.*

Coordinated System: *Various providers may assist with benefit enrollment but frequently limited to established patients. CCHCC has working agreements in place with many of these healthcare and social service providers. Unique aspect of CCHCC services is range of benefit assistance that can be provided beyond health insurance enrollment, conflict free case management/advocacy, and prescription assistance.*

Budget and Program Connectedness: *Budget narrative includes appropriate explanations of expenditures, revenue sources, and personnel. Personnel and associated expenses align with scope of services. Some minor deficiencies within the financial forms require correction. Some expense lines appear under budgeted, i.e. audit expense, transportation.*

Technical Criteria

Approach/Methods/Innovation: *Research demonstrating the value of enrolling an uninsured person in Medicaid or other insurance plan coverage is cited as is the role of Community Health Workers in improving access and coordinating care leading to better health outcomes. Links to sources provided.*

Evidence of Collaboration: *Written working agreements with various healthcare and social service providers align with the mission of CCHCC and scope of this proposal. Omitted is a relationship with Rantoul providers.*

Staff Credentials: *Work experience, training, and certifications of the Community Health Workers assigned to the program and for the agency is described. Assigned staff are bi-lingual.*

Resource Leveraging: *Requested funding from the Board represents 44% of total program revenue. CCMHB funds are not used as match. Contributions and other grants account for the balance of program funding. Clients not charged a fee.*

Process Considerations & Caveats

Contracting Considerations: *If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2020 contract:*

- Total Agency Revenue does not match that reported in Justice application, requiring revision/correction.*
- Audit expense charge needs to be revisited, proportional to MHB share of total revenue, and not to exceed \$6,000.*

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

Recommendation: Pending



CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD

CHAMPAIGN COUNTY
MENTAL HEALTH BOARD

Agency: Community Service Center of Northern Champaign County

Program: Resource Connection

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$67,596
PY20 Total Program Budget: \$251,098
Current Year Funding (PY19): \$66,596
Proposed Change in Funding - PY19 to PY20 = 1.5%

Focus of Application: Mental Health
Type of Contract: Grant
Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population:

The Resource Connection program, (formerly First Call for Help) serves residents of the nine northernmost townships in Champaign County (pop. est. 24,000). Our agency hosts several CCMHDDB funded agencies (and others) that provide mental health, substance abuse, and other social services to residents of our area. We have strengthened that function by providing flyers regarding mental health services available to all our consumers and encouraging new programs to use our facilities. The information and referral component still remains available to anyone who calls or walks in with a question, thus serving as an access point for mental health and other social services. We do refer people to the 211 system when needed. Our direct services such as emergency food or prescription assistance are targeted toward low-income residents or transient/homeless individuals in that area. Those populations are also more likely to need the direct assistance and have more problems accessing other agencies' services. We helped 1464 different households in the last fiscal year. Our target population is low income families and individuals experiencing crises in northern Champaign County. 53% of our consumers are minorities, primarily African-American, with an increase in Hispanic households noted during the last several years. In PY18 about 22% of our consumers were Latino(a). We continue to disseminate information about resources and ensure that families in need are aware of and can avail themselves of our services as well as those of others. This includes disseminating information about special events such as the Disability Resource Expo, which we have actively supported and participated in since its beginning. The program also provides administrative support and space for more than 20 Champaign County mental health and social service agencies needing to reach clients in northern Champaign County.

Staff Comment: Population to be served is unchanged from PY19. Narrative is the same, word for word.

Scope, Location, & Frequency of Services:

- CSC office space available for other agencies' staff (during and outside regular office hours).
- Case management and follow-up for frequent users of the food pantry and other basic needs services
- Client advocacy (as needed) with referrals, difficulty in getting services, etc.
- Screening and referral for the Kids' Foundation youth recreational scholarship program.
- On-site emergency food pantry 10:00 a.m. – 4:00 p.m., M-F.
- Financial assistance with utility payments (1/2 yrs. when funds available).
- Assistance with prescription payments (1/yr./individual).
- Clothing/shelter coordination and referral to local clothing center and emergency one night's food and lodging for transients and homeless individuals.
- Holiday Bureau food baskets/vouchers and toy distribution at Christmas time.
- Translation, advocacy, and related services for Latino population (through CSC, the Multicultural Center, and the Community Health Partnership of Illinois).
- Public phone service (local calls, no charge)

- Fax and copy service for a nominal fee
- Computer access/assistance service to download forms, LINK applications, etc. on a limited basis
- Information and referral services provided by phone and for walk-in inquiries, M-F 8:30 a.m. – 5:00 p.m. Includes the distribution of information provided by other agencies and program brochures.
- Bi-lingual information, referral, and intake program brochures and services.
- Free notary public service

Since all positions are at least partially funded by CCMHB, all these activities are supported. Location / Frequency: The above mentioned activities occur on a daily basis at our offices Monday thru Friday.

Staff Comment: Scope of services is unchanged from PY19. Narrative is the same, word for word. Any effort to develop additional resources to meet basic needs available directly from the agency is not addressed. Case management of frequent users is part of scope of services but frequency of contact/level of engagement for this service is not specified.

Access to Services for Rural Residents:

The program focuses on the nine northernmost townships in the county with the exception of the food pantry which serves the entire county. On occasion we have provided food for residents of Sidney, South Homer, and Tolono townships. Rural residents are served on site here in Rantoul. Some of the organizations that use our office provide outreach services and home visits to rural residents (i.e., Regional Planning Commission, Family Service Senior Resource Center, and the Refugee Center).

Access to Services for Members of Underrepresented/Minority Populations:

We provide Spanish language information regarding our services as well as other agencies' programs. We participate in the local ministerial group which includes minority churches. We also work with the Multi Cultural Center, the Up Center, and the Cultivadores to keep those entities informed regarding our services and keep abreast of their programs. Most services are provided at our current office which is centrally located in the community and accessible by public transportation. Our building includes the WIC program from C-U Public Health as well as the PeaceMeal food program for seniors.

Staff Comments: Agency is located in Rantoul, the largest community in the northern nine township service area, making access to available services more convenient to area residents. Information on services is available in Spanish. Engagement with entities serving underrepresented groups is described.

Residency: Total Served in PY2018 = 1441 and in first half of PY2019 = 1128

Champaign Set	32 (2.2%) for PY18	27 (2.4%) for PY19
Urbana Set	41 (2.8%) for PY18	37 (3.3%) for PY19
Rantoul	1,258 (87.3%) for PY18	973 (86.3%) for PY19
Mahomet	2 (.1%) for PY18	3 (.3%) for PY19
Other Champaign County	108 (.5%) for PY18	88 (7.8%) for PY19

Demographics: Total Served in PY2018 = 1441

Age	
Ages 13-18 -----	30 (2.1%)
Ages 19-59 -----	1,172 (81.3%)
Ages 60-75+ -----	218 (15.1%)
Not Available Qty -----	21 (1.5%)
Race	
White -----	648 (45.0%)
Black / AA -----	376 (26.1%)
Asian / PI -----	9 (0.6%)
Other (incl. Native American and Bi-racial)	404 (28.0%)
Not Available Qty -----	4 (.3%)
Gender	
Male -----	462 (32.1%)
Female -----	979 (67.9%)
Ethnicity	

Of Hispanic / Latinx origin ----- 386 (26.8%)
 Not of Hispanic/Latinx Origin ----- 1,051 (72.9%)
 Not Available Qty ----- 4 (.3%)

Program Performance Measures

CONSUMER ACCESS:

With the exception of the food pantry service which is available to all low-income residents of the county, the main criteria is residence in the nine northernmost townships of the county and being in need of help with mental health and/or other social services. We do provide some assistance with transportation, food, and overnight lodging for transient individuals passing thru. We request a picture ID and proof of residence that's 30 days or less in order to receive services. Homeless individuals are exempt and are provided the ability to contact Central Intake at Regional Planning or on-site here once a month. Articles and occasional advertising in the local paper, staff from the Village and other agencies, churches, our Facebook page, program brochures, and word of mouth.

Within 0 days from referral, 100% of those referred will be assessed.

Within 0 days of assessment, 95% of those assessed will engage in services.

People will engage in services: one time or ongoing on a monthly basis, depending on the service.

Additional Demographic Data: level of education, employment, and disability status as needed.

Staff Comment: Eligibility for services is described. Process for applying for assistance requires an ID and proof of residency. Targets associated with anticipated level of engagement are identified.

CONSUMER OUTCOMES:

1. People living in this area have better access to mental health/other social services.
2. People can receive immediate assistance with emergency food, clothing referral, prescription assistance, and occasional utility assistance.
3. Overall improved access to a variety of social services in one location.

We are working with graduate students from the U of I to develop more specific outcomes and a needs assessment tool which will indicate if local needs have been met over time. This will apply to all three outcomes mentioned above and will become part of our intake process. The process has been very helpful, however it is not completed as yet. We look forward to implementing the needs assessment instrument in PY20.

Outcome gathered from all participants? Yes.

Anticipate 1700 total participants for the year.

Will collect outcome information Once a month or less depending on how often we see an individual.

Is there a target or benchmark level for program services? No.

Estimated level of change for this outcome: Since we have not implemented the needs assessment form we do not have any baseline data for comparison. Our overall service levels have decreased around 5% in the last year, but that's only one crude measurement of the level of need. Our form will hopefully capture more accurate information regarding actual positive or negative outcomes of services.

Staff Comment: For the current contract year (PY19), this program is receiving assistance from the U of I Program Evaluation Team. This section should be updated as more progress is made with the Evaluation Team.

UTILIZATION:

Non-Treatment Plan Clients (NTPCs): 1,400 households/individuals who receive any direct service from the program.

Service Contacts (SCs): 5,900 face to face or phone contacts requesting assistance or information re: human services.

Other: 2,850 client contacts by staff from other agencies using the program's offices. This gives us one measure of enhancing access, however it is very dependent on the other agencies' ability to send staff to Rantoul.

Staff Comment: Targets for NTPCs and SCs are adjusted based on past performance. Repeat/frequent users receiving case management services is not tracked.

PY20 Annual targets (per Utilization Form)

	NTPC	SC	OTHER
Annual Target	1400	5900	2850

From submitted quarterly Service Activity reports:

PY19 Mid-Year Total	1128	2463	1378
---------------------	------	------	------

PY19 Target	1600	6300	2850
PY18 Full-Year Total	1441	5833	2574
PY18 Target	1590	6300	2700

Financial Analysis

PY20 CCMHB Funding Request: \$67,596

PY20 Total Program Budget: \$251,098

Current Year Funding (PY19): \$66,596

Proposed Change in Funding - PY19 to PY20 = 1.5%

PY19 request was for \$66,596

PY18 request was for \$66,596 and award \$66,596

PY17 request was for \$65,290 and award \$65,290

CCMHB request is for 27% of total program revenue. Other sources are: United Way = \$37,602 (15%); Contributions - various = \$93,000 (37%); Grants - Village of Rantoul = \$17,000 (7%); Grants - Compromise Township = \$900 (0%); Grants - Rantoul Township = \$2,000 (1%); Grants - Village of Thomasboro = \$1,000 (0%); Grants - Emergency Food and Shelter Program = \$7,500 (3%); Grants - Ludlow Township = \$1,500 (1%); Sales of Goods and Services = \$2,000 (1%); Interest Income = \$6,500 (2.6%); Rental Income = \$14,000 (5.6%); and Miscellaneous = \$500 (0%).

Staff Comment: CCMHB is the single largest sole source of support for the program.

Expenses: Salaries of \$67,596 are the only expense charged to CCMHB.

Staff Comment: Total Agency and Total Program budgets show deficit of \$12,128; CCMHB budget is balanced.

Program Staff - CCMHB Funds: 0.50 FTE Indirect and 1.30 FTE Direct. Total CCMHB = 1.80 FTEs.

Total Program Staff: 1.30 FTE Indirect and 2.16 FTE Direct. Total Program = 3.46 FTEs.

Audit Findings: *For PY2018 and current year, an audit has been required. The PY18 audit did not include negative findings which require attention or correction. For PY2020, a minimum of a financial review will be required.*

CCMHB PY20 Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement

Priority: Innovative Practices and Access to Behavioral Health Services: *Agency/Program provides access to range of services addressing basic needs, referral services, and serves as satellite site for other providers.*

Priority: System of Care for Children, Youth, Families

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence

Community Service Center of Northern Champaign County has completed the CLC Plan and followed the updated format that matched the National CLAS Standards. There are cultural competence training hours allocated annually for staff and board members. The satisfaction survey that is used measures the value of Cultural Competence experienced by the staff who provide services. There is collaboration with other agencies to provide office so that members of the rural population can come to Rantoul to receive services. An updated list of interpreters is available for clients when requested. The services provided by CSCNC are creating access for rural areas outside of Champaign-Urbana. The agency participates in the local ministerial group which includes minority churches. They work with the Multi-Cultural Center, the Up Center, and the Cultivadores to keep those entities informed regarding services and keep abreast of their programs for underrepresented and marginalized communities.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *Primarily serves residents of Rantoul and surrounding rural townships of northern Champaign County that have limited access to services without traveling to Champaign, Urbana, or outside of the county.*

Inclusion and Anti-Stigma: *Promoting inclusion or addressing stigma is not a focus of the program. Application includes a statement of respect for all and focus on increased access.*

Outcomes: *The agency is one of three targeted programs receiving intensive support from the Program Evaluation Team to develop outcome measures this year. Depending on the how far along development of measures is, an update to the outcome section could be made during the contract phase of the allocation process.*

Coordinated System: *Agency/program services as a satellite site for other social service providers. Over 20 different agencies are said to use the facility to some degree.*

Budget and Program Connectedness: *Budget Narrative does not address the \$14,000 revenue from rental income (to total program) but otherwise provides sufficient explanations of revenue sources, expenditures, and personnel. 100% of CCMHB funding is allocated to personnel expenses (salary/wages).*

Technical Criteria

Approach/Methods/Innovation: *Unique feature of program is it serves as a satellite site for other providers as well as providing services to assist with meeting basic needs or information and referral for needs not addressed onsite.*

Research supporting co-location of providers is referenced. Link to sources provided.

Evidence of Collaboration: *Written working agreements with five social service providers is listed; three are agencies with contracts with the Board. Not mentioned is participation in Continuum of Service Providers to the Homeless and the Human Services Council.*

Staff Credentials: *General statement on staff qualifications and work experience. Staff has participated in CLC training and one member went to a Spanish language training.*

Resource Leveraging: *CCMHB is the single largest source of support for the agency/program, contributing 27% of total agency/program revenue. Multiple sources make up the remaining 73%. United Way, at 15%, is the second largest funder. Contributions, comprised primarily of food pantry and holiday donations, account for 37% of the budget.*

Process Considerations & Caveats

Contracting Considerations: *If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2020 contract:*

- *Update Consumer Outcomes Section based results of work with Program Evaluation Team.*

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

Recommendation: *Pending*



Agency: Cunningham Children's Home
Program: ECHO Housing and Employment Support

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$95,773
PY20 Total Program Budget: \$539,857
Current Year Funding (PY19): \$90,000
Proposed Change in Funding - PY19 to PY20 6.4%

Focus of Application: Mental Health
Type of Contract: Grant
Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population:

Champaign County's citizens, any adults or families with the ability to live independently with or without on-going supports. While our expertise is in transition age adults and families, we work with participants of any age, identified through referral from temporary/short-term housing and employment services (e.g., temporary shelters, regional planning) as well as other sources that may identify individuals at risk of homelessness (e.g., mental health centers, schools). Inclusive of those who are homeless or at risk of homelessness, including those not eligible for other programs, young adults that had previously received services in the existing transitional housing services are included in this program if they are at risk of or experience homelessness after aging out of the existing program. Three of 14 participants in the first six months had previously received transitional housing services from Cunningham.

Staff Comments: section has been edited by staff. Similar to that of initial application (new in current year).

Scope, Location, & Frequency of Services:

- Housing linkages through partnerships with local landlords offering affordable housing. Help with subsidy/voucher applications, apartment seeking, navigating lease arrangements, household set up, and mediating housing conflicts.
- Employment supports including career assessment, resume development, job and life skills, coaching, counseling, and linkage to occupational training. Vocational Options Program for eligible participants who would benefit from a subsidized job placement and more intensive on-the-job coaching.
- Participants potentially eligible for social security receive application support.
- A holistic approach to supportive services by resolving any barriers to housing and employment stability (e.g., basic needs, child care, legal issues, documentation needs, physical health, substance abuse and mental health).

Two half-time case managers (CM) provide assessment, planning, skill development, and resource connections. A third transitional housing CM is available as back up as needed when assigned staff are unavailable (e.g., crisis situations, vacations, medical leave). Flexible funds are available for expenses that often accompany a new job or move (e.g., interview clothing, uniforms, apartment application fees, basic hygiene, household items) or to provide engagement incentives when participants meet at least three times per month with staff. For additional assistance related to rental deposits, utilities in arrears, or furniture, we leverage community partnerships as available (e.g., churches, RPC, townships).

Location / Frequency: Services are provided in-home, in-community, or in-office with the majority of services provided in community environments. Participants receive intensive and individualized services at a frequency and length of time negotiated with the participant. To aid in retention, they receive at least monthly contact following obtaining stable housing and employment. All participants receive a follow up contact one year post-discharge to assure housing and employment retention. Individuals receiving housing via a voucher require on-going case management services through successive years and remain in program for an indeterminate length of time.

Staff Comment: While presentation is different, scope of services mirrors that of PY19, first year the program was funded.

Access to Services for Rural Residents:

Coordinating events with the Community Service Center of Northern Champaign County and townships other than our current partnerships with Champaign and Cunningham Townships. Access to service will be individualized based on the individual’s/family’s needs and geographic location. The targeted population can be transient, so it is expected that efforts will include active location of identified individuals and families throughout Champaign County in order to engage and maintain efforts. As outreach and engagement is critical to individuals and families accessing this service, it is expected that the majority of services will be in community environments, including formal or informal temporary housing arrangements and on the “street” engagement efforts throughout the county.

Access to Services for Members of Underrepresented/Minority Populations:

ECHO’s primary population includes those of low income at risk of or experiencing homelessness. As such, the program will access Cunningham’s experience with the transitional living system of care including navigating employment, housing, and public benefit resources. The program also has a collaborative relationship with the UpCenter and the University of Illinois LGBTQ Resource Center in order to accept referrals for this population as well as identify and provide LGBTQ supports for our participants who are disproportionately represented in the homeless population. The program has longstanding partnerships with other mental health service providers to assist with meeting the on-going mental health needs of individuals participating in the program. While not specifically targeting racial or ethnic groups, Cunningham promotes culturally responsive services through staff training and linkages to diverse culturally responsive partners. Access to service will be individualized based on the individual’s/family’s needs and geographic location, and it is expected that the majority of services will be in community environments where underserved or underrepresented groups are likely to be found.

Staff Comment: Response addresses access for rural residents and for underrepresented populations, particularly LGBTQ youth/young adults at-risk of homelessness. Outreach followed by engagement in natural settings is primary approach to service delivery for rural as well as underrepresented populations.

Residency: Total Served in first half of PY2019 = 14

Champaign Set	9 (64.3%) for PY19
Urbana Set	4 (28.6%) for PY19
Rantoul	0 (.0%) for PY19
Mahomet	0 (.0%) for PY19
Other Champaign County	1 (7.1%) for PY19

Demographics: Total Served in first half of PY2019 = 14

Age	
Ages 13-18 -----	1 (7.1%)
Ages 19-59 -----	13 (92.9%)
Race	
White -----	1 (7.1%)
Black / AA -----	12 (85.7%)
Other (incl. Native American and Bi-racial) -----	1 (7.1%)
Gender	
Male -----	6 (42.9%)
Female -----	8 (57.1%)
Ethnicity	
Not of Hispanic/Latinx Origin -----	14 (100.0%)

Program Performance Measures

CONSUMER ACCESS:

ECHO serves individuals and families considered homeless or at-risk of homelessness as defined as:

- Lacking permanent housing including those with residence in a shelter or transitional housing program.
- Living on the streets, abandoned building/vehicle, or in any other unstable/non-permanent situation.
- Considered “doubled up,” referring to a situation where individuals are unable to maintain housing and are forced to stay with a series of friends and/or extended family members.

- Previously homeless individuals released from prison or hospital if they do not have a stable housing situation to which they can return.

- Individuals and families at imminent risk of becoming homeless.

Eligibility will be determined based on referral-report, self-report, and staff observation of living environments to determine if an individual or family meets the definitions above.

The target population will learn about the program through referral sources, staff engagement efforts within the community, outreach events, community fliers, and online through the agency's website.

Within 30 days from referral, 80% of those referred will be assessed.

Within 30 days of assessment, 50% of those assessed will engage in services.

People will engage in services, on average, for one year with a follow up contact one year post-discharge.

Additional Demographic Data: other system involvement (e.g., DCFS, DOC, Medicaid, Social Security), grade level completed, marital status, language, religion, and disability type (if applicable).

Staff Comments: Access Outcome response meets expectations. "Homeless" and "at-risk of homelessness" are defined. Eligibility relies on referral report, self-report, and staff observation. Program is accessed through referral sources and community outreach/events/website. Targets for assessment of those referred and then engage are identified.

CONSUMER OUTCOMES:

We expect the impact of this program to be that people secure and maintain stable housing and employment, as well as other basic supports, creating hope for a better future. Expected outcomes include:

1. Length of Housing Stability: At least 80% of individuals will be housed within 90 days of assessment with at least 60% achieving housing stability for more than 90 days.

2. Length of Employment: At least 80% of individuals will be employed within 90 days of assessment with at least 60% achieving employment stability for more than 90 days. Individuals eligible for social security are excluded from this outcome although part time employment goals may still be relevant.

3. Life Skills Mastery: At least 90% of clients receiving both pre- and post- life skills assessment will show improvement in life skill mastery.

4. Participant Surveys: At least 60% of individuals will complete a participant satisfaction survey upon discharge. 95% of survey responses received will be agree or strongly agree with positive service quality statements.

1. Length of Housing Stability: Information is collected using our Service Document System (SDS) for tracking achievement of permanent housing and any successive housing changes. Information will be gathered by staff observation, self-reports, and collateral reports upon changes in housing status.

2. Length of Employment: Information is collected using SDS for tracking achievement of employment and any successive employment changes. Information will be gathered by staff observation, self-reports, and collateral reports upon changes in employment status.

3. Life Skills Mastery: Life Skills Assessment (Pre- and Post- assessments), a standardized measurement of basic life skills mastery is administered via paper within the first 30 days of active client engagement and every six months or upon discharge. The case manager administers this assessment collaboratively with participants and uses individual results for service goals and action plans. Aggregate data is entered into an Excel spreadsheet for monthly program reporting.

4. Participant Surveys: Participant satisfactions surveys are developed consistent with the agency's quality improvement (QI) plan and provided to participants by case managers at discharge along with a confidential envelope for returning the survey to our QI department. Ratings on various program quality measures as well as narrative comments for program quality improvement are scored on a 5-point Likert scale. Aggregate data is reported annually. The target for the average of all survey items is at least 4.0 on the 5.0 scale. Any item averaging less than 4.0 requires a quality improvement goal on the agency's QI plan.

Outcome gathered from all participants? No. Due to the unique nature of the homeless population, the estimated outcomes for individuals from referral/first engagement contact to assessment of eligibility, then engagement of services and resulting outcomes is expected to vary greatly. This information is tracked for informative purposes with further data analysis in subsequent years as trends can be established.

Anticipate 44 total participants for the year.

Will collect outcome information: Varies depending on measure as described above.

Is there a target or benchmark level for program services? Yes. Comparative targets for program outcomes are available based on our existing agency data in with similar populations and projections based on the first six months of program data. This information can be used as a reference point for evaluating performance understanding the target

population may be more challenging to engage in services and to achieve stability in these measures. Our current targets for our transitional age young adults involved with the Department of Children and Family Services are: 85% of clients employed with 70% achieving employment stability for more than 90 days; 90% of clients receiving both pre- and post-life skills assessment showing improvement life skill mastery.

Estimated level of change for this outcome is: Based on ECHO's first six months, we anticipate an employment target of 30% and a housing stability target of 50% and a similar life skills assessment target of 90% improvement. The lower target for employment reflects a significant number of participants qualifying for social security and therefore not having a primary employment goal. The lower target for housing reflects a number of participants that are more difficult to engage in actively working towards housing goals.

Staff Comment: Consumer outcomes are well defined. Performance targets and method for collecting data to evaluate outcomes are clearly stated. One weakness is that the # of participants from whom data will be collected is not identified.

UTILIZATION:

Treatment Plan Clients (TPCs): 24 - those individual actively accepting services and meeting with a case manager resulting in a service plan.

Non-Treatment Plan Clients (NTPCs): 20 - those individuals referred for services or identified through street engagement efforts as eligible or likely eligible but have not yet actively accepted service engagement. Due to the unique engagement challenges of the target population, it is expected that substantial services may be provided through engagement efforts which may not result in a TPC. With a target of 80% engagement outcome, it is estimated that this program will have approximately 20 NTPC but likely will have cursory contact with a much higher number of NTPCs.

Service Contacts (SCs): 876 - number of TPC (24) multiplied by using an assumption of an average estimated weekly service contacts for the first six months and monthly for the second six months which is an estimated 768 Service Contacts provided by the program to TPC at a minimum. Service Contacts include both direct service provision and collateral contacts (e.g., originating referral source, family member). The service contacts for NTPCs are tracked but not projected as part of the total number of Service Contacts.

Community Service Events (CSEs): 24 - outreach and referral development to temporary housing resources, food kitchens, other potential referral sources, and homeless advocacy efforts, as well as distribution of materials to promote the program.

Other: 0 - Career Cruising or Career Scope, standardized online measurements of career interests, aptitude and skills which is administered electronically within the first 30 days of active client engagement. The case manager administers one of these assessments collaboratively with participants. The results are used to set vocational goals and action plans.

PY20 Annual target (per Utilization Form)

	TPC	NTPC	SC	CSE
Annual Target	24	20	876	24

From submitted quarterly Service Activity reports:

PY19 Mid-Year Total	14	22	334	8
Annual Target	24	6	876	24

Staff Comment: As a new program in PY19, clients receiving case management (TPCs) reported for first six months exceeds expectations. Contact with clients not engaging in case management (NTPCs) is higher than first anticipated. Program is overperforming in client contacts although not all are availing themselves of services offered. Target for NTPCs is increased for PY20.

Financial Analysis

PY20 CCMHB Funding Request: \$95,773

PY20 Total Program Budget: \$539,857

Current Year Funding (PY19): \$90,000

Proposed Change in Funding - PY19 to PY20 = 6.4%

PY19 request was for \$90,000. Not funded previously.

CCMHB request is for 18% of total program revenue. Other sources of revenue are: Contributions - various = \$3,902 (1%); Grants - WIOA = \$100,000 (19%); Purchase of Service = \$336,492 (62.3%); and Interest Income = \$3,690 (1%).

Staff Comment: Total Agency Budget shows a deficit of \$1,416,921, Total Program a deficit of \$117,128, CCMHB revenue and expenses are balanced. Budget Narrative does not explain program deficit or how it will be addressed.

Expenses: Personnel related costs of \$70,361 are the primary expense charged to CCMHB at 73% of \$95,773. Other expenses are: Consumables \$13,500 (14%), General Operating \$112 (0%), Occupancy \$1,822 (2%), Conferences/Staff Development \$683 (1%), Local Transportation \$7,875 (8%), and Miscellaneous \$1,420 (1%).

Staff Comment: Consumable expense line allocates flexible funds to assist clients with clothing and household item. Such expenses would be more appropriately charged to the Specific Assistance expense line. Several expense items in Misc should be recategorized as Professional Fees, General Operating, Consumables, Benefits. An amount for audit costs does not appear to have been allocated. Occupancy and General Operating expenses projected for PY20 are based on six months of costs charged in PY19. Staff development and travel expense are tied directly to program staff activity.

Program Staff - CCMHB Funds: 0.05 FTE Indirect and 1.19 FTE Direct. Total CCMHB = 1.24 FTEs.

Total Program Staff: 0.11 FTE Indirect and 6.96 FTE Direct. Total Program = 7.07 FTEs.

Staff Comment: CMHB to fund a half-time case manager position and half-time employment counselor plus supervision.

Audit Findings: *N/A. New program in PY19, an audit is required this fall. If funded, PY20 contract will require an audit.*

CCMHB PY20 Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement

Priority: Innovative Practices and Access to Behavioral Health Services: *Proposal seeks funding for second year of operation providing case management and housing and employment supports to adults who are or at-risk of homelessness.*

Priority: System of Care for Children, Youth, Families

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

Cunningham Children's Home has a very comprehensive plan for CLC. The plan outlines how CLC is defined through the different policies and procedures. The program plan part 1 outlines in detail how marginalized and underrepresented populations will be engaged. Rural communities will be engaged based on the individual needs that are identified from the target populations that will be identified to receive services. All the actions on the CLC Plan are matched with the CLAS Standards. The CLC Plan for CCH was created with the CLAS Standards as the foundation for creating actions and policies that are matched with the CLAS Standards.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *Program targets adults who are homeless or at risk of homelessness. Includes commitment for outreach and engagement efforts targeted to rural areas. Additional outreach will target LGBTQ population.*

Inclusion and Anti-Stigma: *Addresses building cultural and linguistic competence, especially engaging youth and families in solutions. Proposal does not speak directly to reducing stigma, but the agency is active in community awareness/anti-stigma efforts and related collaborations.*

Outcomes: *Performance targets and evaluation methods presented are clearly stated.*

Coordinated System: *Program is a new and active member of the Continuum of Care. Also participates in Human Services Council. Multiple agencies involved with social services with an emphasis on meeting the needs are the homeless population is referenced.*

Budget and Program Connectedness: *Budgeted expenses and staffing pattern align with services. Some additional detail on other program revenue sources to be requested pending contract award.*

Technical Criteria

Approach/Methods/Innovation: *Proposal references specific employment and housing models and case manager training in benefits assistance. Training for case managers on Wellness Recovery Action Plan (WRAP) to facilitate development of such client driven plans is planned for PY20.*

Evidence of Collaboration: Agency lists multiple providers and collaborative bodies with whom it has written agreements including many directly involved with serving the homeless population. Agency is an active member of the Continuum of Care.

Staff Credentials: Qualifications and training of direct service staff and program supervisors is referenced. Extent of training is comprehensive. WRAP training forthcoming.

Resource Leveraging: CCMHB funding represents 18% of total program revenue. Whether other sources directly support ECHO services or align with Cunningham Children's Home Independent Living Opportunities program is not clear as program revenue descriptions are missing from Budget Narrative. Some portion of WIOA funds are likely available to assist some clients who are young adults experiencing homelessness. CCMHB funds are not used as a match.

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2020 contract:

- Revise Budget Narrative to include description of other sources of program revenue and explanation of program operating deficit.
- Revise Expense form to recategorize several specific items.

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

Recommendation: Pending



Agency: East Central Illinois Refugee Mutual Assistance Center
Program: Family Support & Strengthening

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$56,440
PY20 Total Program Budget: \$313,383
Current Year Funding (PY19): \$48,239
Proposed Change in Funding - PY19 to PY20 = 17 %

Focus of Application: Mental Health
Type of Contract: Grant
Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population:

The target population for the program are the natural support networks within the different ethnic communities in Champaign County, including, but not limited to, Mexican, Guatemalan, Honduran, Salvadoran, Peruvian, Cuban, Congolese from both the DRC and the Republic of Congo, Algerian, Liberian, Cameroonian, Russian, Vietnamese, Chinese, Afghani, Syrian, Iraqi, and other countries in the Middle East. Special attention is given to 1) Families at highest risk for mental health problems, including newly arrived immigrant and refugee families who have fled violent circumstances such as war, genocide, torture and sexual violence; 2) Families with young children that lack a family support network; 3) Families with a child/children identified by schools as having special needs; 4) Unaccompanied minors; 5) The elderly, the illiterate and relocated migrants; 6) Leaders and identified potential leaders of the ethnic communities for development of volunteer mutual assistance efforts; 7) Community agencies that serve the refugee, asylee and immigrant communities or organizations with whom the targeted population needs to interact. Note that between 2011-2016, immigrants accounted for 11.8% of total population growth in Champaign County.

Staff Comment: Population served is unchanged from prior years. Immigrants are said to be 11.8% of County residents.

Scope, Location, & Frequency of Services:

Client benefits counseling and case management. Assist immigrant, refugee and asylee clients to navigate many aspects of life in the US. Goal of service is to have client become self sufficient and assimilate into American society. Linkage with service providers regarding the mental health needs of clients. Interpretation and translation services during appointments with mental health providers and explanation of cultural barriers that may be encountered during the sessions. Mediation and education related to cultural differences are provided. One-on-one counseling and/or education at the Center, a neutral site, or in the homes of families in crisis. Culturally appropriate education to explain the expectations of living within American society. Collaboration with Immigration Project and Courage Connection on Violence Against Women Act (VAWA) and U Visa applications. This helps spouses in domestic violence situations obtain legal permanent residency. Assistance to refugee/immigrant mutual support groups. Saturday Morning Tutoring Program provides tutoring, enrichment activities and workshops to help children in grades K-8 adjust to a new culture, its rules and expectations. Two school liaisons serve as advocates, interpreters and translators for parents dealing with school issues like discipline, classroom expectations, bullying, special needs, and behavior problems. Tutors are bilingual student volunteers from the University of Illinois. Certified interpreters assist clients at medical appointments and court appearances. A quarterly educational newsletter focusing on information on mental health to clients. Newsletters are printed in English, Russian, French and Vietnamese. Educational program, in collaboration with the Champaign County Adult Diversion Program, to explain American cultural expectations of proper behavior. Program is administered and delivered by staff members to clients referred by the justice system. Collaboration with Rosecrance, assisting DUI clients during their educational and drug treatment classes. Culturally appropriate Smart Money, Parenting, Promoting Better Health to Fight Obesity and Diabetes workshops.

Location / Frequency: Services provided at our office, in client homes, in schools, at medical provider offices, at service provider offices such as IDHS Family Resource Center, Promise Healthcare/Frances Nelson and CU Public Health District, local police stations, Champaign County Courthouse and Jail. Services are ongoing as needed by clients.
Staff Comment: Scope of services has been updated. The program continues to provide range of supports using natural support networks within the immigrant/refugee communities, assists with accessing range of services, and conducts educational activities. Services provided in natural settings, and at other providers offices as advocates/interpreters. The agency is rather unique in terms of who it serves and the services it offers to them.

Access to Services for Rural Residents:

County-wide outreach through newsletters, workshops, school visits, appearances at resource fairs like the Disability Fair. Our proposed new location at CUPHD will increase our exposure to those who utilize the many services there, like medical, dental services, food pantry and WIC office. The Refugee Center has a Spanish bilingual counselor that spends one day each week at the Community Services Center of Northern Champaign County, located in Rantoul. Counselors also visit residents in their homes or meet them at a provider office.

Access to Services for Members of Underrepresented/Minority Populations:

All of our clients are members of underserved and underrepresented minorities. We engage them through client and former client word of mouth, social service provider referrals like IDHS, DCFS, WIC, workshops, Saturday Morning Tutoring program, school visits, local churches, employers, Adult Diversion Program, and our bilingual outreach to refuge/immigrant populations through mass outreach events, radio announcements, flyers, newsletters and public benefits sessions. We hope to increase the public benefit sessions and workshops after we move to a larger facility. Our caseworkers help identify clients that could benefit from different workshops and encourage their attendance. Workshops are conducted in participants native language, or an interpreter is provided. Youth are recruited through our contacts with the public schools and ELL teachers. We recently gave several presentations at Champaign Central HS, which has a large Guatemalan population. The presentation was about finding resources for their families and about laws, rules and regulations in our local community. Special attention was devoted to reminding students that they are not eligible to vote in elections unless they are US citizens. Our case workers have seen instances where immigrants have mistakenly registered to vote, which virtually guarantees that they will never be approved for Legal Permanent Resident status. Services provided at our office, client homes, schools, medical provider offices, service provider offices such as IDHS Family Resource Center, Promise/Frances Nelson, and CU Public Health Dist, police stations, Courthouse, and Jail.
Staff Comment: Rural outreach is through presence at events and newsletter. Agency does have staff member present in Rantoul one day per week. Population served is by definition underserved/underrepresented minority. Outreach and engagement efforts are described.

Residency: Total Served in PY2018 = 2019 and in first half of PY2019 = 1580

Champaign Set	987 (48.9%) for PY18	845 (53.5%) for PY19
Urbana Set	669 (33.1%) for PY18	513 (32.5%) for PY19
Rantoul	271 (13.4%) for PY18	176 (11.1%) for PY19
Mahomet	4 (.2%) for PY18	3 (.2%) for PY19
Other Champaign County	88 (4.4%) for PY18	43 (2.7%) for PY19

Demographics: Total Served in PY2018 = 2019

Age	
Ages 0-6 -----	300 (14.9%)
Ages 7-12 -----	281 (13.9%)
Ages 13-18 -----	206 (10.2%)
Ages 19-59 -----	1,163 (57.6%)
Ages 60-75+ -----	69 (3.4%)
Race	
White -----	1,383 (68.5%)
Black / AA -----	119 (5.9%)
Asian / PI -----	514 (25.5%)
Other (incl. Native American and Bi-racial)	3 (.1%)
Gender	

Male ----- 958 (47.4%)
 Female ----- 1,061 (52.6%)
Ethnicity
 Of Hispanic / Latinx origin ----- 1,299 (64.3%)
 Not of Hispanic/Latinx Origin ----- 720 (35.7%)

Program Performance Measures

CONSUMER ACCESS:

All residents of Illinois are eligible for our services, but the vast majority of our clients reside in Champaign County. Less than .005% percent reside outside the county. On occasion we distribute information in surrounding counties when asked. While there are immigration status and income requirements for receiving benefits, we encourage ANYONE who needs assistance to meet with a case worker/translator. We help everyone who calls, emails, or comes through our door. Clients learn about our program through client and former client word of mouth, social service provider referrals like IDHS, DCFS, WIC, workshops, Saturday Morning Tutoring program, school visits, local churches, employers, Adult Diversion Program, and our bilingual outreach to refuge/immigrant populations through mass outreach events, radio announcements, flyers, newsletters and public benefits sessions. We hope to increase the public benefit sessions and workshops after we move to a larger facility.

Within 2 days from referral, 99% of those referred will be assessed.

Within 2 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for One year.

Additional Demographic Data: language(s) spoken.

Staff Comment: Access is open to anyone requesting assistance. Outreach and collaboration with various other public entities/providers is referral mechanism. Of those referred and assessed, 90% are projected to engage in services.

CONSUMER OUTCOMES:

The FS&S program has a positive impact on clients by using an individualized case management approach to provide benefits counseling. Individual counseling and translation leads to better outcomes for clients, which is defined as successfully qualifying for benefits, obtain permanent employment, improved quality of life, improved outlook on life, improved relationships, better community connections. Staff assist clients in navigating American life and culture, ultimately leading to successful integration and assimilation into American society. For receipt of benefits and permanent employment, case notes will be the assessment tools. We record when clients receive benefits like SNAP, WIC, TANF, etc... in our case notes for IFRP and WIC. For improved quality of life, outlook on life, improved relationships, we will use a survey like the Personal Well Being Index-Adult (PWI-A). It's short, available in several languages, and has some verbal questions. Since our clients are not native English speakers, and are frequently illiterate in their own language, we need a short survey that can be read to clients. For connection to community, case notes will reflect school, church and ESL program and/or citizenship program attendance.

Outcome gathered from all participants? No. We will give surveys on the third Monday of the second month of each quarter to all clients who need assistance that day.

Anticipate 2100 total participants for the year.

Will collect outcome information Four times a year.

Is there a target or benchmark level for program services? Yes. Our target for services comes from DHS through the Illinois Family Resource Program and WIC. We are given quarterly and yearly goals for the number of clients served. number of referrals to WIC and the number of outreach events performed by staff. For FY 19, our target is 1320 individuals served for IFRP. For Q1&2, we served 742 individuals, which is 56% of our goal for the year.

Estimated level of change for this outcome is: For benefits counseling, number of clients that receive services.

Staff Comment: Outcomes have been streamlined from PY19 proposal. Outcomes associated with accessing services/benefits and improved quality of life are identified. Measurement, e.g., benefits approved, engagement in community, is tracked through case notes. Performance target is tied to engagement rate for state contract. Survey tool used to measure quality of life outcome is referenced. Formatting of section needs some work.

UTILIZATION:

Community Service Events (CSEs): 75 (plus a minimum of 25 hours of workshops) - frequent support group activities for the Vietnamese, Russian, Congolese, Spanish, and Immigrant Youth communities. Activities include but are not

limited to meetings with community leaders, public and class presentations, our Saturday Morning Tutoring Program, public benefits sessions, workshops on cultural issues, life skills, finances and health. We publish quarterly newsletters (in Vietnamese, Russian, English and French) with articles pertaining to mental health issues. Staff participates in interviews on local media channels as well as with local newspapers and with University and k-12 students.

Other: 30 - intake forms for every new case. This form collects basic client information, family information, linguistic capabilities, as well a case diagnostic for barriers to accessing services and barriers to self-sufficiency.

Staff Comment: No changes to utilization categories and level of activity is proposed.

PY20 Annual targets (per Utilization Form)

	CSE	OTHER
Annual Target	75	30
From submitted quarterly Service Activity reports:		
PY19 Mid-Year Total	43	10
PY19 Target	75	30
PY18 Full-Year Total	88	25.5
PY18 Target	75	25

Financial Analysis

PY20 CCMHB Funding Request: \$56,440

PY20 Total Program Budget: \$313,383

Current Year Funding (PY19): \$48,239

Proposed Change in Funding - PY19 to PY20 = 17.0%

PY19 request was for \$48,239

PY18 request was for \$25,000 and award \$25,000

PY17 request was for \$25,000 and award \$19,000

CCMHB request is for 18% of total program revenue. Other sources are: United Way = \$3,000 (1%); Contributions - various = \$121,598 (39%); Grants - IFRP (to be applied for) = \$45,000 (14%); Grants - Orange Crush (to be applied for) = \$750 (0%); Grants -CU Jewish Federation (to be applied for) = \$1,700 (1%); Grants -City of Urbana (to be applied for) = \$5,000 (2%); Grants -Victor Hoersch (to be applied for) = \$1,000 (0%); Grants -WIC (to be applied for) = \$22,500 (7%); Grants -Charitable Trust Stabilization Fund = \$23,065 (7%); and Grants -Joseph H. Cannon Memorial Grant (applied for) = \$16,400 (5%).

Staff Comment: CCMHB is the single largest source of support at 18% of revenue. Program requested and received a significant increase of 93% in funding for PY19. An increase of 17% is requested for PY20.

Expenses: Personnel related costs of \$44,388 are the primary expense charged to CCMHB at 84% of \$53,151. Other expenses are: Professional Fees/Consultants \$1,468 (3%), Consumables \$525 (1%), General Operating \$1,130 (2%), Occupancy \$614 (1%), Conferences/Staff Development \$180 (0%), Local Transportation \$1,020 (2%), Lease/Rental \$1,585 (3%), Membership Dues \$54 (0%), Fund Raising Activities \$2,160 (4%), and Miscellaneous \$27 (0%).

Staff Comment: Total Agency and Program Budget Shows are balanced, and CCMHB budget shows surplus of \$3,289 (CCMHB requested revenue over CCMHB charged expenses); this should be corrected. However, the amount charged to CCMHB for the audit appears lower than expected.

Program Staff - CCMHB Funds: 1.30 FTE Indirect and 1.45 FTE Direct. Total CCMHB = 2.75 FTEs.

Total Program Staff: 2.25 FTE Indirect and 5.53 FTE Direct. Total Program = 7.78 FTEs.

Staff Comment: A portion of each staff member's time is charged to the CCMHB. Percentage charged ranges from 10% to 22% depending on position. A minor error may be present on the personnel form – accounting position.

Audit Findings: No negative findings in PY18 audit. An audit is required for PY19, and for PY20 if funded.

CCMHB PY20 Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement

Priority: Innovative Practices and Access to Behavioral Health Services: *Proposal aligns with this priority. Assists new immigrants/refugees navigate social services, participate in support groups, and assimilate into society.*

Priority: System of Care for Children, Youth, Families

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

ECIRMAC provides access and family connections to individuals who are documented and undocumented, who come to live in Champaign County. They provide volunteers who can translate and interpret for families. Resource guides are available to clients on-line and based on the organization's capacity to print the information. The Refugee Center has a Spanish bilingual counselor who spends one day each week at the Community Services Center of Northern Champaign County, located in Rantoul. Counselors also visit residents in their homes or meet them at a provider office to engage rural communities. Clients learn about the program through client and former client word of mouth, social service provider referrals like IDHS, DCFS, WIC, workshops, Saturday Morning Tutoring program, school visits, local churches, employers, Adult Diversion Program, and bilingual outreach to refugee/immigrant populations through mass outreach events, radio announcements, flyers, newsletters and public benefits sessions. They provide annual cultural competence training for board members and their staff. There is no action noted regarding how to assess for cultural competence within the organization. In the program plan, inter-agency collaboration is outlined with the organizations that have formal partnerships. The updated template was utilized that matched the actions with the National CLAS Standards.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *Serves immigrants and refugees resettling to Champaign County. Majority of households served are from Champaign and Urbana, then Rantoul. Small percentage of households are from rural areas of the county.*

Inclusion and Anti-Stigma: *Shared language and cultural experience enables staff to engage with clients. Response does not directly address inclusion or stigma. Program helps new immigrants and refugees assimilate into new culture and assists social providers/schools/justice system*

Outcomes: *Access and Consumer Outcomes sufficient to evaluate performance. Minor reformatting of section needed.*

Coordinated System: *Program engages with and assists other providers/systems interacting with the target population. Two other providers offer similar services. ECIRMAC is relocating to CUPHD facility.*

Budget and Program Connectedness: *Budget Narrative provides adequate explanations of all revenue, expense, and personnel to be charged. Staffing and expenses align with scope of services. Expense lines are proportional to percentage of CCMHB revenue. Requested funding exceeds expenses for a projected surplus of CCMHB funding of \$3,289.*

Technical Criteria

Approach/Methods/Innovation: *Uses natural support networks, peer support, and mentoring. Bi-lingual/multi-lingual staff, knowledgeable of community resources.*

Evidence of Collaboration: *Agency reports not having written working agreements at this time. Agency is moving to CUPHD building on Kenyon Road, collocating them with other immigrant/refugee/related services.*

Staff Credentials: *Staff is bi-lingual/multi-lingual. Specialized training and other certifications is referenced.*

Resource Leveraging: *CCMHB is one of multiple sources of support. At 18%, the CCMHB is single largest source of support and is not used as matching funds. Increase funding requested from CCMHB said to be necessary due to influx of cases/clients seeking assistance.*

Process Considerations & Caveats

Contracting Considerations: *If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2020 contract:*

- *Reformat Consumer Outcomes section and minor correction to Personnel Form.*
- *CCMHB budget should be balanced: award amount could be lowered from that requested (by \$3,289) or added to expense form to cover the cost of audit, if necessary.*

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

Recommendation: Pending



Agency: Family Service of Champaign County
Program: Self-Help Center

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$28,430
PY20 Total Program Budget: \$31,330
Current Year Funding (PY19): \$28,928
Proposed Change in Funding - PY19 to PY20 = 0 %

Focus of Application: Mental Health
Type of Contract: Grant
Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population:

The Self-Help Center enriches the lives of people living in the many communities of Champaign County through the education, promotion and establishment of support groups and self-help groups. The Self-Help Center fosters relationships between community organizations, individuals and the various groups. Information and support services are provided to the following: a) individuals in Champaign County trying to locate self-help/support groups appropriate to their needs, including individuals trying to start a group when no local group exists to meet their needs; b) group leaders in the Champaign County area experiencing group dynamics challenges or wishing to improve the visibility and effective functioning of their groups; and c) professionals in Champaign County wanting to work more effectively with groups and/or refer clients to groups.

Staff Comment: Population served is as prior years. Three primary audiences are identified as benefiting from services.

Scope, Location, & Frequency of Services:

1. Maintain an information database on support groups in Champaign County and selected groups in surrounding communities in East Central Illinois.
2. Publish a support group directory every other year listing local and regional groups. This directory is distributed to professionals, group leaders and members on an ongoing basis. The online edition of the directory is continually updated as information frequently changes.
3. Maintain an internet home page and an online listing of groups and activities. The SHC maintains information regarding more than 200 self-help and support groups.
4. Establish eleven specialized lists of group information by major topical themes. Lists are posted on bulletin boards in numerous human service agency lobbies, public libraries and counseling offices. These specialized lists are available to anyone requesting them and are made available at community health fairs and forums.
5. Maintain a lending library in the SHC of training materials for self-help group leaders and individuals interested in starting a group.
6. Provide consultation services and educational packets for individuals wanting to start a group or improve existing group functioning. Consultation is by phone or in face-to-face meetings at a location convenient to the individual.
7. Coordinate and host a day long self-help conference for group leaders, members, professionals, and the interested public every other year. The next biennial conference will be held in the spring of 2019.
8. Provide one to three half-day workshops in alternate years for self-help group skill development. Two workshops were held in 2018.
9. Enhance public awareness regarding self-help groups by actively participating at community fairs/forums for the public or professionals.
10. Publish and distribute the Self-Helper quarterly newsletter for group leaders, support group members & professionals.

CCMHB funding supports all of these services.

Location / Frequency: The Self-Help Center is primarily an information clearinghouse and as such can provide assistance to individuals through phone conversations, emails, via our website or directory, or face-to-face contact at a location convenient to the individual. The conferences and workshops are held at venues that are accessible to attendees who need to make use of public transportation.

Staff Comment: Scope of services is same as prior year. Promotion and facilitation of support groups, assisting individuals connect with an existing support group or in starting a support group, offer periodic training for facilitators and other interested parties, and promotes the groups through various media and activities. Major initiatives undertaken every other year are the publication of the self-help directory and the organizing of the self-help conference.

Access to Services for Rural Residents:

The information on self-help groups and support groups is accessible to rural residents online and by phone/email. The Self-Help Center phone number is published in the Sunday News-Gazette Community calendar. The Self-Help Center mailing list includes the rural libraries and churches for distribution of the directory and other meeting notices. The Center also distributes information at community fairs such as at Parkland College, City of Champaign Employee Fair and the Disability Expo that many rural residents attend. Rural residents can obtain information about any self-help or support group with a phone call or email to the coordinator. The coordinator can arrange a face-to-face consultation at a convenient location for a rural resident if it is desired. All workshops and conferences have been held at Champaign locations that are easy for rural residents to find. The rural churches, libraries and community centers have posted the information regarding the various groups on their bulletin boards.

Access to Services for Members of Underrepresented/Minority Populations:

All consumers are able to access services online through the Family Service webpage or by calling the SHC directly. Information regarding support group resources is distributed by the Self-Help Center Coordinator to organizations that serve people who are members of underserved or underrepresented minorities. Examples of those organizations are Salt & Light, Restoration Urban Ministries and C-U @ Home. Specialized support group lists are available at local libraries for anyone to obtain. The Coordinator will mail a support group information packet to anyone requesting this information. Professionals can refer an individual to a group that will best match the individual's challenges with transportation issues. The Self-Help Center is located in the Family Service office building that is on a main C-U Mass Transit route for anyone coming to the SHC for information.

Staff Comment: Online presence and distribution of quarterly self-help newsletter, and notices in local newspaper inform interested parties of assistance/groups available. Materials are available at various providers and public institutions.

Residency: Total Served in PY2018 = 76 and in first half of PY2019 = 0

Champaign Set	32 (42.1%) for PY18	0 (999%) for PY19
Urbana Set	43 (56.6%) for PY18	0 (999%) for PY19
Rantoul	0 (.0%) for PY18	0 (999%) for PY19
Mahomet	1 (1.3%) for PY18	0 (999%) for PY19
Other Champaign County	0 (.0%) for PY18	0 (999%) for PY19

Demographics: Total Served in PY2018 = 76

Age	
Not Available Qty -----	76 (100.0%)
Race	
White -----	62 (81.6%)
Black / AA -----	13 (17.1%)
Other (incl. Native American and Bi-racial) -	1 (1.3%)
Gender	
Male -----	4 (5.3%)
Female -----	72 (94.7%)
Ethnicity	
Of Hispanic / Latinx origin -----	5 (6.6%)
Not of Hispanic/Latinx Origin -----	71 (93.4%)

Program Performance Measures

CONSUMER ACCESS:

The Self-Help Center does not have any eligibility criteria. However, all of our outreach efforts and dissemination of information focuses on residents of Champaign County. The Self-Help Center is unique in the nature of the services it provides in that the Self-Help Center, as an information clearinghouse, does not provide direct service to clients. Since the Self-Help Center does not have any eligibility criteria for use of its services there is no determination criteria either. People learn about the Self-Help Center from our website, newsletters, the directory and from the flyers that are posted in the various locations referred to earlier: libraries, community bulletin boards, churches, community fairs and forums, and the Sunday News-Gazette community calendar. Information about the various groups is also sent to area mental health providers, area hospital social workers and school social workers.

Within 0 days from referral, 0% of those referred will be assessed.

Within 0 days of assessment, 0% of those assessed will engage in services.

People will engage in services, on average, for: does not apply to the Self-Help Center, an information clearinghouse.

Additional Demographic Data: Due to confidentiality and anonymity issues, limited information is collected on the information and referral calls except for the topic and if the person is a professional or a lay person. Data will be collected from workshop and conference registration forms as it applies to gender, ethnicity, age group, lay or professional registrant and zip code.

Staff Comment: The Self-Help Center is not a direct service provider but a clearinghouse sharing information on available self-help resources. As such, there is no eligibility determination or assessment. Services are available to anyone seeking information or assistance with a self-help group. Outreach to the community is described.

CONSUMER OUTCOMES:

Outcome 1: Through the Self-Help Center, individuals and families will be made aware of the existence of self-help groups and will be provided information and/or referral to a group(s) appropriate to address their needs (when one is available).

**Participation in public awareness activities, which include informational fairs, conferences, public education presentations, media events, and publications.

**Continual update of the on-line version of the Support Group Directory, the Specialized Lists and the website.

**Publication of the Self-Help Center phone number in the Sunday News-Gazette Community Calendar.

**The rural libraries and churches in Champaign County will receive hard copies of the directory and other meeting notices.

Outcome 2: Through the Self-Help Center, individuals wanting to start a group and group leaders experiencing difficulties will be able to effectively start and lead groups and group visibility will increase.

**Consultation services will be available to individuals wanting to start a group or to group leaders experiencing difficulties.

**Training opportunities will be provided through the biennial Self-Help Conference and the workshops.

**Resources are available through the Self-Help Center lending library to help with group development and understanding of group dynamics.

Outcome 3: Through the Self-Help Center, professionals will be able to locate self-help groups to which they can refer their clients and will know how to work effectively with groups.

**Distribution of the printed Support Group Directories, Specialized Lists, quarterly newsletter and website information to group leaders and professionals.

Outcome 4: Through the Self-Help Center, the coordinator will monitor and track the existence of the support groups in Champaign County to better know and understand the demographics of the groups and maintain relationships with group leaders.

For Outcome 1: Individuals will be connected to a support group/self-help group that will adequately address their needs. The Coordinator will maintain a log of all contacts and track distribution of the directories. Also tracked are the number of phone calls received with responses provided by the Coordinator, number of emails, number of consultations, and the topic and number of community events in which the Coordinator participates. In FY 18, the SHC Coordinator participated at 8 community fairs and gave 7 presentations. Information was maintained on 209 support groups. In addition, 463 printed directories were distributed, 376 information and referral calls addressed, 9967 website views, 4 newsletters distributed to the SHC mailing list, and 1861 emails.

For Outcome 2: The Coordinator will provide consultation services that assist an individual start a group or help a current

group leader overcome difficulties experienced with their group. The workshop and conference topics will be relevant to address group leader needs. The SHC Coordinator developed an evaluation tool for attendees at our conferences and workshops to complete. Some areas evaluated include skills acquisition, knowledge, satisfaction, and implementation of information. In FY 18, the SHC coordinator provided 54 consultations. Two workshops were held and we received a 99% rating in many of the evaluated areas. Seventy evaluations were received from 76 attendees.

For Outcome 3: Professionals will be successful in locating and referring their clients to appropriate groups. Professionals will receive printed desk copies of the Support Group directories. See above for FY18 numbers.

For Outcome 4: The SHC Coordinator will survey all known self-help and support groups once a year. This survey will collect information about group demographics and allow group leaders to share any concerns or training needs that they might have. This is a new tool developed this fiscal year.

Outcome gathered from all participants? No. The Self-Help Center will obtain outcome information from post service surveys completed by attendees at any workshops or conferences offered by the Self-Help Center. The Self-Help Center will also obtain information from the group leaders who complete the new support group survey regarding concerns, challenges and training needs.

Anticipate 270 total participants for the year.

Will collect outcome information after the workshops planned for FY20; annually from the new Support Group survey.

Is there a target or benchmark level for program services? Yes. We set a benchmark in 2005 to obtain an overall good or excellent rating on our evaluation from all attendees of the workshops or conferences regarding skills acquisition, knowledge, satisfaction, networking opportunities and implementation of information presented by the speaker(s).

Estimated level of change for this outcome is Ninety-five percent (95%) of workshop and conference attendees will provide an overall rating of good or excellent on the workshop or conference evaluation.

Staff Comment: Three outcomes from prior year are continued with a fourth outcome new for PY20. Outcomes are associated with the unique nature of the services provided by the Self-Help Center. Evaluation methods are tied to the various services provided to support groups or their promotion. New outcome is intended to identify needs and establish/maintain communication. Evaluations are collected on workshops, trainings, and the biannual conference. Evaluation results reported for the FY17 conference gave it very high marks. PY19 conference is scheduled for this spring.

UTILIZATION:

Community Service Events (CSEs): 270 - we reduce the number of CSE's in the years when we do not hold a conference. The SHC CSE's include our participation in public presentations such as the Parkland Depression Screening Day and consultations to individuals seeking to develop new groups. Additional CSE's are our development of the Support Group directory and the Specialized lists, serving on planning committees such as the Disability Expo steering committee and disseminating a quarterly newsletter to the support group mailing list.

Staff Comment: All activity is categorized and reported as CSEs.

PY20 Annual targets (per Utilization Form)

Annual Target 270 CSEs

From submitted quarterly Service Activity reports:

PY19 Mid-Year Total 149

PY19 Target 280

PY18 Full-Year Total 334

PY18 Target 270

Financial Analysis

PY20 CCMHB Funding Request: \$28,430

PY20 Total Program Budget: \$31,330

Current Year Funding (PY19): \$28,928

Proposed Change in Funding - PY19 to PY20 = -1.7%

PY19 request was for \$28,948

PY18 request was for \$28,498 and award \$28,498

PY17 request was for \$28,948 and award \$28,948

CCMHB request is for 91% of total program revenue. Other revenue is from Grants - Carle Foundation Hospital = \$2,500 (8%) and Miscellaneous at \$400 (1%).

Staff Comment: Funding requests varies by approximately \$500 each year based on whether the self-help conference will be held. Conference is held on the odd years so request for PY20 is \$500 less.

Expenses: Personnel related costs of \$22,009 are the primary expense charged to CCMHB at 77% of \$28,430. Other expenses are: Professional Fees/Consultants \$744 (3%), Consumables \$626 (2%), General Operating \$771 (3%), Occupancy \$1,385 (5%), Conferences/Staff Development \$91 (0%), Local Transportation \$23 (0%), Equipment Purchases \$181 (1%), Membership Dues \$544 (2%), and Miscellaneous \$2,056 (7%).

Staff Comment: Total Agency, Program, and CCMHB Budget Shows are balanced. Majority of personnel expense is to support the half-time coordinator position plus supervision by the program director. Other operating expenses charged off to CCMHB are at a rate proportional to CCMHB percentage of program revenue. Copier and postage meter rental should be charged to Lease/Rental rather than Miscellaneous.

Program Staff - CCMHB Funds: 0.12 FTE Indirect and 0.57 FTE Direct. Total CCMHB = 0.69 FTEs

Total Program Staff: 0.13 FTE Indirect and 0.63 FTE Direct. Total Program = 0.76 FTEs.

Audit Findings: *No negative findings in PY18 audit. An audit is required for PY19 and will be for PY20, if funded.*

CCMHB PY20 Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement

Priority: Innovative Practices and Access to Behavioral Health Services: *Program is not a direct service provider per se but rather serves as a clearinghouse for information about local self-help groups. The Self-Help Center assists with the start-up, facilitation, and promotion of support groups. It also will provide information and referral to individuals and professionals wanting to connect with specific groups.*

Priority: System of Care for Children, Youth, Families

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

Family Service Center completed the Organization's CLC Plan following the application instructions where the actions matched the National CLAS Standards. The staff and volunteers conduct annual CLC training and review the CLC Plan. They sign an acknowledgement that they have reviewed it. Family Service outlined ways of engagement for the rural communities that will allow for services to be rendered in the clients' home. Interpreters, translators, and cultural consultants will be utilized whenever necessary in order to provide culturally and linguistically appropriate services to clients at no cost. They assess the facilities for accessibility and physical modification. Interagency collaboration is outlined in Program Plan. No action is outlined addressing how they have completed a cultural competence assessment.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *Information and assistance is available via telephone, email, and the web. Newsletters and directories are distributed to libraries throughout the county. Range of services offered to anyone seeking information or assistance with a self-help group.*

Inclusion and Anti-Stigma: *Program links consumers and professionals to local support groups and provides training for self-help group facilitators. It also organizes a self-help conference held every other year and publishes a self-help group directory. The nature of the work performed promotes inclusion and attempts to reduce stigma. Center has been an active member of the Alliance for Inclusion and Respect, collaborating on community-wide anti-stigma events.*

Outcomes: *Outcomes identified are tied to specific activities and more process oriented. Services offered are directed at supporting the functioning of the self-help groups so the outcomes have a different focus.*

Coordinated System: *Coordinator is involved in various networks to keep abreast of new groups and community resources. Also participates in various events to promote the Center and self-help groups. Center publishes and distributes a self-help resource directory and specialized lists of groups in paper and electronic formats. Self-Help Center has an advisory council comprised of various service providers and others with an interest in supporting self-help groups.*

Budget and Program Connectedness: *Personnel and expenses align with services. Personnel is the primary expense charged to CCMHB and supports over 90% of the half-time coordinator position.*

Technical Criteria

Approach/Methods/Innovation: *Research supporting the value and impact of self-help support groups is referenced. Source citations are provided. The Self-Help Center is a unique resource not available elsewhere in central Illinois.*

Evidence of Collaboration: *No written agreements are in place. Program does state it works closely with the two hospitals and others to maintain up to date information. Besides the CCMHB, Carle Hospital is the only other source of external financial support.*

Staff Credentials: *Qualifications, training, and work experience of coordinator is listed. Coordinator recently retired and a new coordinator hired.*

Resource Leveraging: *CCMHB funding accounts for 91% of program revenue. Other sources of program revenue include Carle donation and workshop fees.*

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2020 contract:

- very minor revision to expense form

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

Recommendation: Pending



Agency: GROW in Illinois / Program: Peer-Support

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$78,039

PY20 Total Program Budget: \$109,089

Current Year Funding (PY19): \$20,000

Proposed Change in Funding - PY19 to PY20 = 290 %

Focus of Application: Mental Health

Type of Contract: Grant

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population:

The GROW mutual-help, peer to peer program serves mental health sufferers of all ages, races and gender, including those seeking prevention or personal growth. Participants in GROW are referred from group members, professional mental health caregivers, other agencies, and hospitals. The GROW 12-step program complements work of professional providers. It connects people in need with others in similar situations and empowers participants to do that part which they can do for themselves and with one another. A majority of participants in the program have been hospitalized with psychiatric disorders, diagnosed with mental illness, emotional problems, including misuse of drugs and alcohol. GROW continues work with the Champaign County Sheriff's Office to organize meetings at the Champaign County Jail to serve the inmate population which began in March 2017, CCMHB priority for "Behavioral Health Supports for Adults with Justice System Involvement." Inmates fully participating in the 12-step program while incarcerated are expected to benefit personally and have an opportunity to continue their recovery and rehabilitation by attending a community group upon release. GROW is anonymous, members are expected to keep confidential the personal testimonies and discussions during meetings.

Staff Comment: Population served is unchanged from prior years. Peer support services for adults in recovery.

Scope, Location, & Frequency of Services:

Provide a network of GROW groups and recovery support activities including: Champaign Group; Rantoul Group; County Jail Group; Hospital Orientation Group; Social Activities. The goal of the GROW Program is for the personal recovery and mental health of individual sufferers which may include addictions. GROW is committed to community mental health including prevention, rehabilitation and restoration of the person to their families and society. The preferred outcome for individual participants is maturity (personal growth), and to effectively employ skills learned for coping with mental health problems. Weekly GROW group meetings of 3 to 15 members lasting up to two hours are run by GROWers who have advanced in their recovery and volunteered to be organizers for the group. The GROW Fieldworker is a GROW Seasoned Leader position most often with lived experience. Fieldworker duties include the development of new groups, quality control all GROW Groups [adherence to program], Orientations, and Social Activities in Champaign County. GROW will participate in anti-stigma awareness campaigns and disability expos.

Location / Frequency: GROW groups meet weekly at:

Mondays, First Presbyterian Church, Champaign

Tuesday, Champaign County Satellite Jail, Urbana

Wednesday, First United Methodist Church, Rantoul [2 groups]

Evening meetings at a place(s) to be determined.

If sufficient funds are obtained, we will establish a group meeting weekly at or near Tolono.

Staff Comment: Scope of services is similar to prior year. More groups will be offered with possible expansion to Tolono.

Access to Services for Rural Residents:

GROW In Illinois provides a network of GROW groups and recovery support activities including: Champaign Group; Rantoul Groups, and County Jail Group. We are working to provide an evening group in Urbana, at the Pavilion and a Hospital Orientation Group (OSF serves all of Champaign County and surrounding areas). The GROW field worker will meet with hospital, clinics and health care providers outside of Urbana and Champaign where rural residents seek services to introduce them to the GROW program. By its nature, the peer to peer group method relies upon meeting attendance which is hindered by transportation and distance challenges which are more problematic in rural areas. The fieldworker will work with family members, religious and community organizations to find meeting places and ways to transport GROW participants to meetings. If sufficient funds are granted, we will establish a group at or near Tolono. Currently GROW has one group meeting in Rantoul. A second Rantoul group is newly formed and meeting. Both meet in the United Methodist church. Formation of additional rural groups in other areas (such as Tolono) are being explored. Location of new groups is to be determined, probably in a church or community center which does not charge for use.

Access to Services for Members of Underrepresented/Minority Populations:

GROW is working with inmates and those re-entering community after release. Many of this group are black and a few are mixed race or Hispanic. We have met with Hispanic leaders but have not yet formed a group oriented toward that demographic. Lack of a field worker whose native language is Spanish is a limitation. No outreach has been made to Asians and Africans, but we are looking toward serving that group also. Groups are nondenominational and are not organized by cultures, genders, or life experiences. We are experimenting with gender-oriented groups in Rantoul because of request by the members. GROW meets in public locations including churches because of cost and support by members. *Staff Comment: Access section details plans for increasing access to groups throughout the county. Outreach to rural areas is described. Program has presence in the county jail. Limitation in serving Spanish speaking population is noted. Groups are held in natural settings convenient to participants.*

Residency: Total Served in PY2018 = 83 and in first half of PY2019 = 21

Champaign Set	9 (10.8%) for PY18	4 (19.0%) for PY19
Urbana Set	72 (86.7%) for PY18	15 (71.4%) for PY19
Rantoul	2 (2.4%) for PY18	3 (14.3%) for PY19
Mahomet	0 (.0%) for PY18	0 (.0%) for PY19
Other Champaign County	0 (.0%) for PY18	1 (4.8%) for PY19

Demographics: Total Served in PY2018 = 83

Age	
Ages 19-59 -----	82 (98.8%)
Ages 60-75+ -----	1 (1.2%)
Race	
White -----	46 (55.4%)
Black / AA -----	34 (41.0%)
Asian / PI -----	1 (1.2%)
Other (incl. Native American and Bi-racial) -	2 (2.4%)
Gender	
Male -----	56 (67.5%)
Female -----	27 (32.5%)
Ethnicity	
Of Hispanic / Latinx origin -----	3 (3.6%)
Not of Hispanic/Latinx Origin -----	80 (96.4%)

Program Performance Measures

CONSUMER ACCESS:

We serve anyone 18 years or older, while participation by anyone under 18 years old would need a parent’s approval. There is no other criteria needed to attend GROW’s Program of Growth to Maturity. Phone call and discussion with parent for those under 18 years of age. There is no other criteria needed to participate in the GROW program. Since we recently designed a new survey that includes a question about how our target population learned about our services, we currently have a very small sample size of 7 participants. From this sample we found that 14% of participants

heard about GROW through orientation, 29% through family and friends, 14% through both orientation and family and friends, 14% through professional referral, and the remaining participants did not remember or did not provide a response. This survey will be given again in June 2020.

Within 0 days from referral, 0% of those referred will be assessed.

Within 0 days of assessment, 50% of those assessed will engage in services.

People will engage in services, on average, for: Varies. Jail inmates may only participate for a few weeks. Community GROWers may participate for years.

Additional Demographic Data: Military service, hospitalizations, spirituality, diagnosed illness, how many medications, and attempted suicides.

Staff Comment: Eligibility criteria based on age. New GROW survey collects data on how an individual learned about GROW meetings. Results from very small sample are presented. Length of participation varies based on individual's needs.

CONSUMER OUTCOMES:

1. decreased hospitalization frequency
2. decreased medication use
3. increased use of social resources
4. increased personal growth
5. increased wellbeing
6. increased number of participants in leadership roles
7. satisfaction with the GROW program.

Participants in the GROW program recover to return to family, productive work, and community. Recoveries vary in extent, completeness, and duration. Furthermore, recovery may occur over varying lengths of time.

1. decreased hospitalization frequency - GROW Survey - Growers
2. decreased medication use - GROW Survey - Growers
3. increased use of social resources- Internal & GROW Survey (2-Way Social Support Scale and the NIH Toolbox Emotional Support Survey) - Growers & Fieldworker
4. increased personal growth - internal (using guidelines from GROW book) - Fieldworker
5. increased wellbeing- GROW Survey (Personal Wellbeing Index - PWI) - Growers
6. increased number of participants in leadership roles- GROW survey – Growers & tabulation sheets
7. satisfaction with the GROW program – GROW Survey - Growers

Outcome gathered from all participants? No. Only those who consented to the GROW survey and are present at a survey collection session. This will undercount participants.

Anticipate 110 total participants for the year.

Will collect outcome information: 1. Once per year in the spring. 2. new members of GROW will be administered a baseline survey

Is there a target or benchmark level for program services? Yes. Our survey is structured to compare individuals from T1 to T2. Target internal benchmark would be to encourage participants to become GROW group Leaders as part of leadership development and personal growth. Number of participants will be compared with previous year.

The normative range for adults in Western nations [whole population] is between 70 and 80 points (International Wellbeing Group, 2013). GROW's PWI range is 65 as measured in 2018.

Estimated level of change for this outcome: 5-10% increase in acceptance of participation in leadership roles. This would be one (1) leadership position at a group. Currently there are 71% (5 of 7) who are now holding or have held leadership roles. Our goal is to achieve and maintain a PWI of 70.

Staff Comment: Brief outcome measure statements followed by description of evaluation process and tool. Change will be measured through comparison of results from initial survey to annual survey. Personal Wellbeing Index rating for GROW is 65 and serves as benchmark. GROW has interest associated with survey outcome on leadership/personal growth measure to increase number of group leaders known as Growers. Survey instrument is result of work with U of I Program Evaluation Team.

UTILIZATION:

Non-Treatment Plan Clients (NTPCs): 110 = 20 Continuing and 90 First Timers to GROW meetings.

Service Contacts (SCs): 1,000 - Our plans are to reopen the Orientation at OSF, start new groups in the community including one evening group in Champaign and exploring starting one in Tolono. We are also working with Rosecrance on a Linkage agreement to cooperate in referring participants (clients).

Community Service Events (CSEs): 4 = Disability Expo, Public education about GROW and mental health, Newsletter or other event, article for Self-Helper Newsletter, and other events as time and staff permit.

Staff Comment: Past performance suggest targets may be too ambitious. However, the PY20 targets are based on plans to expand number of groups offered and increase referrals.

PY20 Annual targets (per Utilization Form)

	NTPC	SC	CSE
Annual Target	110	1000	4
From submitted quarterly Service Activity reports:			
PY19 Mid-Year Total	22	258	8
PY19 Target	12	800	4
PY18 Full-Year Total	90	586	6
PY18 Target	60	175	4

Financial Analysis

PY20 CCMHB Funding Request: \$78,039

PY20 Total Program Budget: \$109,089

Current Year Funding (PY19): \$20,000

Proposed Change in Funding - PY19 to PY20 = 290.2%

PY19 request was for \$20,000

PY18 request was for \$51,735 and award \$20,000

CCMHB request is for 72% of total program revenue. Other is Contributions - various = \$31,000 (28%).

Staff Comment: CCMHB is essentially the sole source of financial support for the agency/program. GROW seeks a significant increase in funding to support plans to establish new groups around the county. In-kind contribution of part-time program coordinator time accounts for \$30,000 of contributions. How the contribution is accounted for on the expense side skews Total Program Budget resulting in projected surplus.

Expenses: Personnel related costs of \$51,219 are the primary expense charged to CCMHB at 66% of \$78,039. Other expenses are: Professional Fees/Consultants \$16,420 (21%); Consumables \$1,000 (1%); General Operating \$1,500 (2%); Conferences/Staff Development \$1,500 (2%); Local Transportation \$1,500 (2%); Membership Dues \$3,600 (5%); and Miscellaneous \$1,300 (2%).

Staff Comment: Total Agency Budget Shows a small surplus of \$450. Total Program Budget shows a much larger surplus, \$31,050, likely due to not having expensed the in-kind contribution associated with coordinator. CCMHB Total Budget is balanced (revenue to expenses). There appears to be an error on the Personnel Form, Total Program, where some salaries are not posted but percentage of time allocated; if corrected, this may eliminate most of the program surplus. As a single purpose agency, Total Agency and Total Program columns should match. This would leave a surplus of \$450.

Program Staff - CCMHB Funds: 0.00 FTE Indirect and 1.00 FTE Direct. Total CCMHB = 1.00 FTEs

Total Program Staff: 0.25 FTE Indirect and 1.25 FTE Direct. Total Program = 1.50 FTEs.

Staff Comment: Error on personnel form needs to be corrected – part-time coordinator position in-kind salary contribution (indirect and direct) omitted from Total Program Budget section. The Fieldworker/Trainer position is the lead staff person in the field and would move from part-time to fulltime to support plans to expand services.

Audit Findings: N/A. For PY18 and PY19, an audit was not required. If selected for funding, PY20 would require a financial review, at minimum.

CCMHB PY20 Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement: *Partial alignment with this criterion as GROW does hold a group in the Champaign County jail.*

Priority: Innovative Practices and Access to Behavioral Health Services: *Selected criteria. Program conducts peer support groups for adults with plans to expand number of groups held and number of locations in the county.*

Priority: System of Care for Children, Youth, Families

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

Grow Illinois is an adult Peer to Peer organization that works with individuals who are suffering from mental health challenges and have lived experience and who are thriving through the support of recovery. GROW is a (relatively) newly funded organization and have been committed to technical assistance for Cultural Competence Development. GROW matches their cultural competence practices with the National CLAS Standards. Due to limited resources, they rely on volunteers to provide interpreter services. Meeting materials are provided in Spanish and Braille. There is no plan for completing a cultural competence assessment. Interagency collaboration is outlined in the Program Plan.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *Groups are held in natural settings convenient to participants. Commitment to expand number of groups and locations including adding second group in Rantoul, starting new group in Tolono, and presence in Champaign and Urbana.*

Inclusion and Anti-Stigma: *Peer support groups and other activities including participation in disAbility Expo and other anti-stigma community events.*

Outcomes: *Measures and evaluation methods are sufficient to measure impact of participation in groups. Program has established performance benchmark. Survey results will identify participants in a position to become group leaders.*

Coordinated System: *Response indicated program is not part of a coordinated system, outside of its affiliation with GROW In America and GROW in New Jersey. GROW uses 12-step program modeled on Alcoholics Anonymous.*

Budget and Program Connectedness: *Budget Narrative provides adequate descriptions of associated revenue, expense, and personnel. Program seeks to expand presence throughout the County. The lead Fieldworker/GROW Trainer would move from part-time to fulltime, accounting for the significant increase in funding requested (almost 4x).*

Technical Criteria

Approach/Methods/Innovation: *Prior research on GROW peer support groups and the positive outcomes associated with participation is referenced. Sources are cited.*

Evidence of Collaboration: *Effort to complete written agreement with Rosecrance is in progress. Not mentioned is agreement by GROW to participate in SAMHSA learning community with Illinois Department of Human Services and several other local stakeholders, including law enforcement, peers, and providers.*

Staff Credentials: *Training associated with the GROW model and "lived experience" with emphasis placed on use of the model. Staff is also pursuing certification as Certified Recovery Support Specialist (CRSS) from the Illinois Department of Human Services. A lengthy process but noteworthy that it is being pursued.*

Resource Leveraging: *For all intents and purposes, CCMHB is the sole funder of the program and agency.*

Process Considerations & Caveats

Contracting Considerations: *If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2020 contract:*

- *Personnel Form and Expense Form need to be revised.*
- *Possible collaboration across peer support groups with Illinois Department of Human Services*

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

Recommendation: *Pending*



CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD
CHAMPAIGN COUNTY
MENTAL HEALTH BOARD

Agency: Promise Healthcare
Program: Mental Health Services with Promise

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$242,250
PY20 Total Program Budget: \$1,650,941
Current Year Funding (PY19): \$222,000
Proposed Change in Funding - PY19 to PY20 = 9 %

Focus of Application: Mental Health
Type of Contract: Grant
Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population:

Promise Healthcare provides primary health services for the uninsured and underinsured population of Champaign County through Frances Nelson, the SmileHealthy dental programs, and satellite clinics. In 2018 Promise Healthcare served 12,700 patients. Of those that reported, 73% of our 2017 patients live below the Federal Poverty Level (FPL) and less than 5% live above 200% the FPL. While open to all, the Mental Health Services with Promise Healthcare program will target providing care to those who are patients of a Promise program or our collaboration with Rosecrance. Promise continues to provide on-site mental health services to achieve the integration of medical and behavioral health care as supported by both the National Council for Community Behavioral Healthcare (NCCBH) and the National Association of Community Health Centers. Research conclusively supports that patients often address behavioral health issues with the primary health care provider, thus it is important to have immediate access to each other to achieve timely and appropriate diagnosis and treatment. With the support of Dr. Archana Chopra and our CCMHB Mental Health Services grant, 800-1000 patients are prescribed a behavioral health medication by their Promise primary care provider.

Staff Comment: Population served is unchanged from prior years. Access to mental health care available to patients or through collaboration with Rosecrance.

Scope, Location, & Frequency of Services:

Counseling Services: Mental health services to both adults and children will be provided by James Hamilton, LCPC (1.0 FTE) and Shae Ellington, LCSW (1.0 FTE) to established medical patients who are referred by one of the health center's primary care medical providers. Our counseling program can accept a limited # of new patients directly to counseling.

Psychiatry: Dr. Archana Chopra (.50FTE), a psychiatrist, provides services for patients with acute or chronic/serious mental illness who are often in need of medication management. All patients are internal referrals. Dr. Chopra leads monthly Lunch and Learn meetings with our primary care providers and nurses. These are opportunities to share cases and discuss medications, trends with our patients, community issues, and more. In addition, she meets with PCPs individually for case consultation. Dr. Hayng-Sung Yang (1 FTE) and Dr. Feiteng Su (.50 FTE) are psychiatrists who work with patients supported by Promise Healthcare primary care providers, counselors, or Rosecrance counselors and case managers for behavioral health medication management. Dr. Roselin Arunachalam (.10 FTE) is a pediatric psychiatrist who works with patients supported by Promise Healthcare primary care providers and pediatric counselor.

Nursing Support for Mental Health: Janet LaValle, RN (1 FTE about .20 FTE to program), Daneen Orwick, RN (1 FTE to program), and Lois Schopp, LPN (1 FTE, .20 FTE to program) support our patients who are prescribed psychiatric medications including anti-depressants for depression, mood stabilizers for bi-polar disorder, stimulants for ADHD and attention issues, and anti-anxiety for anxiety, panic and PTSD, and administer injection clinics. Our mental health nurses also provide extended triage coverage for patients under the care of our psychiatrists and/or the care of our primary care providers prescribing psych meds.

Location / Frequency: Frances Nelson Health Center, 819 Bloomington Road, Champaign: Adult psychiatry on Mondays and Thursdays; Pediatric psychiatry Friday mornings; Adult mental health counseling Monday – Friday
 Promise Healthcare on Walnut (Champaign): Adult psychiatry Monday – Friday

Staff Comment: Scope of services has expanded to include pediatric psychiatrist one half day per week. All other services – mental health counseling, adult psychiatry - at Frances Nelson and satellite site at Rosecrance Walnut Street location, and support services to patients under care of psychiatrists and primary care doctors remain in place.

Access to Services for Rural Residents:

Although there is no priority given for rural residents, Promise Healthcare routinely sees about 20% of the clinic-- provided mental health services were for patients from outside Champaign/Urbana/Savoy. The data is tracked via zip codes for the quarterly reports. Frances Nelson and Promise Healthcare on Walnut.

Access to Services for Members of Underrepresented/Minority Populations:

Promise Healthcare works to execute its mission to create a healthier community by targeting delivering primary medical, behavioral health, and dental care to the underserved. We work to eliminate barriers to care including providing care to patients regardless of ability to pay, offering language interpretation for all sites and programs, and investing in ongoing cultural and linguistic competency training for board and staff. A majority of our board of directors are patients of the health center including our behavioral health services. Frances Nelson and Promise Healthcare on Walnut.

Staff Comment: Services are office based and available at Frances Nelson and Promise Healthcare's satellite clinic at Rosecrance Walnut St facility. Agency provides care to underserved/underrepresented populations per its mission.

Residency: Total Served in PY2018 = 2429 and in first half of PY2019 = 1960

Champaign Set	1,182 (48.7%) for PY18	891 (45.5%) for PY19
Urbana Set	619 (25.5%) for PY18	561 (28.6%) for PY19
Rantoul	244 (10.0%) for PY18	210 (10.7%) for PY19
Mahomet	92 (3.8%) for PY18	73 (3.7%) for PY19
Other Champaign County	292 (12.0%) for PY18	225 (11.5%) for PY19

Demographics: Total Served in PY2018 = 2429

Age

Ages 7-12 -----	1 (.0%)
Ages 13-18 -----	41 (1.7%)
Ages 19-59 -----	2,048 (84.3%)
Ages 60-75+ -----	339 (14.0%)

Race

White -----	1,541 (63.4%)
Black / AA -----	625 (25.7%)
Asian / PI -----	43 (1.8%)
Other (incl. Native American and Bi-racial) -	62 (2.6%)
Not Available Qty -----	158 (6.5%)

Gender

Male -----	950 (39.1%)
Female -----	1,478 (60.8%)
Other (may include non-binary and non-conforming people)	(.0%)

Ethnicity

Of Hispanic / Latinx origin -----	105 (4.3%)
Not of Hispanic/Latinx Origin -----	2,288 (94.2%)
Not Available Qty -----	36 (1.5%)

Program Performance Measures

CONSUMER ACCESS:

Promise Healthcare's mental health services are available to anyone regardless of their ability to pay. Anyone is eligible for our services. Promise works on promotion several ways including working with collaborators and referring agencies

and providers, marketing and social media. However, most patients learn about our mental health services through word of mouth from family and friends.

Within 14 days from referral, 100% of those referred will be assessed.

Within 30 days of assessment, 90% of those assessed will engage in services;

People will engage in services: Average length of engagement in counseling services is 12-15 months. Average length of engagement in psychiatric services is ongoing.

Additional Demographic Data: Health coverage, veteran, migrant worker status, homelessness, and preferred language.

Staff Comments: No restriction on eligibility for services. Target population narrative indicated high percentage were low-income. As the Federally Qualified Health Center serving Champaign County, no one can be turned away for inability to pay, enabling the uninsured to access care. Length of engagement for different levels of care is noted.

CONSUMER OUTCOMES:

We hope that clients in counseling and psychiatry will have a decrease in emotional distress or mental health symptoms. The program will work to support patients to achieve their optimal health. Currently for counseling, consumer outcomes are measured for adults and children through the Global Assessment of Functioning (GAF) scale or the Children's Global Assessment of Scale (C-GAS) and the Patient Stress Questionnaire at the start and cessation of treatment and at regular intervals throughout treatment. Based on the CBT approach, intermittent evaluation of progress i.e. Depression Scale, Anxiety Scale, GAF, and goal achievement will be assessed at regular intervals. Psychiatry and counseling both use a patient experience survey once a year for patient feedback. For HRSA we track and report the percentage of eligible medical program patients that are screened for depression.

Outcome gathered from all participants? No. We will work to complete a Global Assessment of Functioning (GAF) scale, the Children's Global Assessment of Scale (C-GAS), or the Patient Stress Questionnaire at the start and cessation of treatment and at regular intervals throughout treatment for all patients in counseling.

We will work to survey 20-30 patients for each provider seen in the fall and willing to participate.

We will screen for depression and prepare a follow-up plan on 65% of eligible medical patients.

Anticipate 2040 total participants for the year.

Will collect outcome information throughout the year. More detail below.

Is there a target or benchmark level for program services? Yes. Promise does work to measure outcomes from all who engage in mental health counseling every six months and at case closure. Promise will work to have a majority of the patients demonstrate an increase in the GAF or C-GAS scores with a near majority to maintain and fewer than 5% to show a decrease. Promise will also survey about 20-30 patients per provider as part of our annual patient experience survey. We expect our health center to perform at or above the Midwest community health center average on all items and providers to exceed 95% of patients scoring them as good or very good.

Promise will screen for depression as part of medical visits for all eligible patients throughout the year. The CDC's Healthy People 2020 has set a goal for 87% of patients screened with follow up plans. As Promise works to reach the HP2020 goal, we have set an interim goal of 65%.

Estimated level of change for this outcome: increase in the GAF or C-GAS scores and fewer than 5% to show a decrease with the balance to maintain. This would be an increase from 39% improved GAF/C-GAS, 5% decreased and 56% stayed the same in 2018. Promise expects to maintain our patient experience survey results in calendar year 2019 from 2018. Promise currently meets the goal of depression screening with a follow up plan with 52% of our patients and would like to be at 65% in calendar year 2019 as we work towards Healthy People 2020 goals.

Staff Comment: Outcome measures are not stated although evaluation tool to measure change in functioning of patients engaged in counseling is identified. Projected level of change, target, is provided. Section not formatted per instructions.

UTILIZATION:

Treatment Plan Clients (TPCs): 370 counseling/1600 psychiatry/70 child psychiatry•Continuing treatment plan patients and new patients to counseling or seeing a psychiatrist (unduplicated) will be counted in TPCs as Treatment Plan Clients.

Non-Treatment Plan Clients (NTPCs): 850 patients who receive their behavioral health medications from their Promise Healthcare primary care provider due to the support provided by Dr. Chopra—usually tracked in psychiatry. We believe that we have built capacity for serving an additional 800 patients a year through PCPs. When a patient does not complete assessment or chooses to not engage in therapy with one of our therapists, this is tracked in NTPC in counseling.

Service Contacts (SCs): 2,000 counseling/7,500 psychiatry/200 child psychiatry. Counseling encounters and medication management encounters by our psychiatrists will be tracked using SC to count each encounter or attended appointment.

Community Service Events (CSEs): 10 – events with therapists promoting the mental health program or educating about mental health awareness outside the health center—typically a community event or health fair. For our psychiatrists, CSE is where we track the monthly noon meetings Dr. Chopra has with our other providers and nurses.

Staff Comment: TPC and SC targets include addition of child psychiatry services. Other is no longer an active category as case management was not tracked/reported.

PY20 Annual targets (per Utilization Form)

	TPC	NTPC	SC	CSE
Annual Target (counseling)	370	0	2000	0
Annual Target (psychiatry)	1600	850	7500	10
Annual Target (child psychiatry)	70	0	200	0

From submitted quarterly Service Activity reports:

PY19 Mid-Year Total	1897	770	5368	6
PY19 Target	1970	850	9700	10
PY18 Full-Year Total	2275	1253	10,821	12
PY18 Target	2020	850	9,700	10 (counseling + psychiatry)

Staff Comment: Data presented in tables for PY18 and PY19 combine counseling and psychiatric service quarterly report totals. Residency and demographic data is for both populations.

Financial Analysis

PY20 CCMHB Funding Request: \$242,250

PY20 Total Program Budget: \$1,650,941

Current Year Funding (PY19): \$222,000

Proposed Change in Funding - PY19 to PY20 = 9.1%

PY19 request was for \$222,000

PY18 request was for \$222,000 and award \$222,000

PY17 request was for \$222,000 and award \$222,000

CCMHB request is for 15% of total program revenue. Other revenue: Fee for Service (Medicaid, Medicare, private insurance) = \$1,243,691 (75%), Contributions - various = \$90,000 (5%), and Grants - US Dept HHS = \$70,000 (4%).

Staff Comments: Increase requested from CCMHB is to support the addition of Child Psychiatry services one half day a week. Majority of funding comes from other sources, primarily the result of being the federally qualified health center. CCMHB funds services for uninsured/underinsured patients or for necessary patient supports not billable to another funder.

Expenses: Personnel related costs of \$224,950 are the primary expense charged to CCMHB at 93% of \$242,250. Other expenses are: Professional Fees/Consultants \$17,300 (7%).

Staff Comment: Total Agency Budget Shows a surplus of \$909, while Total Program Budget has a deficit of \$2,192.

CCMHB budget is balanced. Portion of Professional Fees expense line to be charged to the CCMHB includes support for the new child psychiatrist. Unclear if Professional Fees also includes an amount for audit costs.

Program Staff - CCMHB Funds: 0.0 FTE Indirect and 0.97 FTE Direct. Total CCMHB = 0.97 FTEs.

Total Program Staff: 0.90 FTE Indirect and 9.40 FTE Direct. Total Program = 10.30 FTEs.

Staff Comment: No indirect staff time is supported with CCMHB funds. Multiple positions comprise the one FTE charged to the Board. Percentage of time allocated per position ranges from 2% to 20%. Time allocated to counselors and psychiatrists and constitute the larger percentages and personnel expense.

Audit Findings: No negative findings in PY18 audit. Audit is required for PY19 and will be required if selected for funding for PY20. Agency uses a different fiscal year than others contracting with the CCMHB, typically necessitating an extension of the audit deadline via contract special provision.

CCMHB PY20 Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement

Priority: Innovative Practices and Access to Behavioral Health Services: Program provides integrated mental health (counseling and psychiatric services) and primary care at Frances Nelson and operates a satellite site for psychiatric services at the Rosecrance Walnut location.

Priority: System of Care for Children, Youth, Families

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

Promise Healthcare works to execute its mission to create a healthier community by delivering primary medical, behavioral health, and dental care to the underserved. They work to eliminate barriers to care including providing care to patients regardless of ability to pay, offering language interpretation for all sites and programs, and investing in ongoing cultural and linguistic competency training for board and staff. Most board of directors are patients of the health center, including behavioral health services. Promise Healthcare provides annual cultural competence training to staff and the board of directors. A Cultural Competence Committee is dedicated to reviewing policies and procedures to ensure that the value of cultural competence is at all levels. Language assistance is available to patients at no cost, and there are many community spaces that provide access to clients that seek to receive services in rural areas. Promise reviews the CLC Plan at least every once per quarter. The Board of Directors reviews it annually. There was conflicting information that was provided in the plan that states that they review the plan bi-annually instead of annually.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *Promise Healthcare operates Frances Nelson, the federally qualified health center (FQHC) serving Champaign County. Services are open to any person seeking care regardless of ability to pay. A high percentage of patients served by Frances Nelson live below the poverty level. Services are office based. Both locations are in Champaign.*

Inclusion and Anti-Stigma: *Addressing stigma is not a focus of the application. Governing Board includes active patients giving voice to the underserved.*

Outcomes: *Consumer outcome evaluation tools and frequency of use are noted. Eligibility for services and timeframes with targets for referral and assessment are listed. Some format and content issues in the Consumer Outcome section need attention.*

Coordinated System: *Promise healthcare references other large-scale healthcare/behavioral healthcare providers serving a similar population. Promise Healthcare collaborates with all of the care providers mentioned. In addition, Promise Healthcare has satellite sites at some of these providers locations – Rosecrance Walnut location, and OSF-Community Resource Center.*

Budget and Program Connectedness: *Budget Narrative provides adequate descriptions. All CCMHB funds are allocated to personnel and professional fees/consultants expenses. All staff positions supported are involved in direct service to patients. Requested increase of 9% is tied to supporting addition of child psychiatry services.*

Technical Criteria

Approach/Methods/Innovation: *Research supporting integration of primary care and behavioral healthcare is referenced. Links to sources cited are provided. National Councils endorsing this approach are also mentioned.*

Evidence of Collaboration: *Provides comprehensive list of entities with which it has written agreements.*

Staff Credentials: *Licenses/qualifications for clinicians, psychiatrists, and primary nursing staff involved in delivering services is provided.*

Resource Leveraging: *CCMHB funding accounts for 15% of total budget and pays for services to uninsured/underinsured/self-pay clients and/or services not billable to another source. Funds are not used as match. Federal grants and fee for service contracts are primary source of support.*

Process Considerations & Caveats

Contracting Considerations: *If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2020 contract:*

- *Rewrite Consumer Outcomes Section to match required format and content.*

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

Recommendation: *Pending*



Agency: Promise Healthcare
Program: Promise Healthcare Wellness

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$58,000
PY20 Total Program Budget: \$80,500
Current Year Funding (PY19): \$58,000
Proposed Change in Funding - PY19 to PY20 = 0%

Focus of Application: Mental Health
Type of Contract: Grant
Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population:

Our Wellness Program will provide support, case management, medication assistance and benefit enrollment for patients with non-clinical barriers to achieving optimum medical and mental health. Specifically the program will target patients who have a mental health need, those who have psycho-social support needs, and those who have been identified as having barriers to executing their treatment plan. Promise Healthcare provides primary health services for the uninsured and underinsured population of Champaign County through Frances Nelson, the SmileHealthy dental programs, and satellite clinics. In 2018 Promise Healthcare served 12,700 patients. Of those that reported, 73% of our 2017 patients live below the Federal Poverty Level (FPL) and less than 5% live above 200% the FPL. While open to all, the Mental Health Services with Promise Healthcare program will target providing care to those who are patients of a Promise program or our collaboration with Rosecrance.

Staff Comment: Population served is patients of Frances Nelson receiving mental health services and experiencing barriers to care. Section narrative is essentially unchanged from prior year.

Scope, Location, & Frequency of Services:

Promise Healthcare coordinators will work with patients to remove barriers from reaching optimum medical and mental health. The program does this through assisting patients with access to medications, social service needs, linkage with other agencies, and enrolling eligible patients in Medicaid and Marketplace insurance. The program is also charged with facilitating care at our Rosecrance satellite and supporting collaborations and outreach. With the support of a CCMHB grant, the center continues to provide on site mental health services at Frances Nelson and now at our satellite at Rosecrance to achieve the integration of medical and behavioral health care.

Patient Assistance and Case Management – The Wellness Program provides unique supports to help patents increase access to elements of their treatment plan. The project coordinators will work with our medical and mental health providers and referring partners to identify patients who need assistance removing treatment plan barriers. Our coordinators will work with patients to establish a medical home and access to behavioral health services, transportation assistance, medication assistance, utility assistance, legal assistance, dental care, food support, and more. Patients who are engaged over several contacts or assisted through several barriers are considered case management (TPC). Those assisted in one visit are counted as patient assistance (NTPC).

Promise Healthcare on Walnut Satellite – Wellness staff are charged with facilitating patient access to Promise Healthcare on Walnut including our primary care providers and psychiatrists.

Community Outreach – Wellness will be responsible for participating in community events. Events will include the Re-entry Resource Fair, Love Clinic at the Church of the Living God, Champaign Urbana Days at Douglas Park, the Disability Expo, Church Women United Back to School Event in Rantoul, St. Mary's Latino Fair, and more.

Service Collaboration – Wellness will work with several agencies in town to help provide resources to our patients.

Location / Frequency: Frances Nelson Health Center, 819 Bloomington Road, Champaign, Monday – Friday 7:30 – 5:30
 Promise Healthcare on Walnut by appointment.

Staff Comment: No substantive changes are made to the services compared to prior year. Program seeks to address non-clinical needs of patients that present as barriers to managing medical and mental health conditions. The support can be help with accessing food pantries, applying for energy assistance, enrolling in managed care plans, or establishing a medical home. Linkage and referral with other social service providers and for patients with more involved needs, providing them case management are the primary activities performed by staff. Support at the Walnut Street satellite location focuses on managing appointments.

Access to Services for Rural Residents:

Although there is no priority given for rural residents, Promise Healthcare routinely sees about 20% of the clinic-- provided mental health services were for patients from outside Champaign/Urbana/Savoy. The data is tracked via zip codes for the quarterly reports. Frances Nelson and Promise Healthcare on Walnut.

Access to Services for Members of Underrepresented/Minority Populations:

Promise Healthcare works to execute its mission to create a healthier community by targeting delivering primary medical, behavioral health, and dental care to the underserved. We work to eliminate barriers to care including providing care to patients regardless of ability to pay, offering language interpretation for all sites and programs, and investing in ongoing cultural and linguistic competency training for board and staff. A majority of our board of directors are patients of the health center including our behavioral health services. There is no charge for Promise Healthcare wellness support.

Frances Nelson and Promise Healthcare on Walnut.

Staff Comments: Case management is available at Frances Nelson and at Promise Healthcare's satellite clinic at the Rosecrance Walnut Street facility. Promise Healthcare provides care to underserved/underrepresented populations per its mission.

Residency: Total Served in PY2018 = 189 and in first half of PY2019 = 72

Champaign Set	96 (50.8%) for PY18	39 (54.2%) for PY19
Urbana Set	57 (30.2%) for PY18	20 (27.8%) for PY19
Rantoul	22 (11.6%) for PY18	6 (8.3%) for PY19
Mahomet	2 (1.1%) for PY18	0 (.0%) for PY19
Other Champaign County	12 (6.3%) for PY18	7 (9.7%) for PY19

Demographics: Total Served in PY2018 =189

Age	
Ages 0-6 -----	9 (4.8%)
Ages 7-12 -----	6 (3.2%)
Ages 13-18 -----	4 (2.1%)
Ages 19-59 -----	118 (62.4%)
Ages 60-75+ -----	52 (27.5%)
Race	
White -----	63 (33.3%)
Black / AA -----	108 (57.1%)
Asian / PI -----	4 (2.1%)
Other (incl. Native American and Bi-racial)	7 (3.7%)
Not Available Qty -----	7 (3.7%)
Gender	
Male -----	73 (38.6%)
Female -----	116 (61.4%)
Ethnicity	
Of Hispanic / Latinx origin -----	16 (8.5%)
Not of Hispanic/Latinx Origin -----	170 (89.9%)
Not Available Qty -----	3 (1.6%)

Program Performance Measures

CONSUMER ACCESS:

Promise Healthcare coordinators assist anyone who is a Promise Healthcare patient of an program. Outreach and Enrollment assist all community members. Promise Healthcare’s primary medical, behavioral health and dental services are available to anyone regardless of their ability to pay. Anyone is eligible for our services. Promise Healthcare’s Wellness Program is primarily referred from our own staff and providers. Coordinators are paged to rooms and tasked in the electronic health record.

Within 30 days from referral, 100% of those referred will be assessed.

Within 3 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: Average length of engagement varies from one day to ongoing.

Additional Demographic Data: Health coverage, veteran, migrant worker status, homelessness, and preferred language.

Staff Comment: Referral and engagement process is internal to the agency, occurring within the facility/patient exam rooms. Eligibility for assistance requires the person be a patient. Assistance with enrollment in a benefit plan – Medicaid/Managed Care, may occur in advance. Length of engagement is driven by patient’s level of need – assistance with one issue may easily be resolved (see NTPC below) whereas more complex cases may require more intensive support (see TPC below).

CONSUMER OUTCOMES:

Help patients remove barriers to their treatment plan. This will be a count of patients and the issues a patient needs support and assistance addressing to move towards wellness.

Maintain a percentage of mental health visits where patients do not have coverage to under 15% through outreach and enrollment efforts and help 2000 people enroll in coverage (all programs, includes non-Promise patients as well).

The program will work to support patients to achieve their optimal health.

Help patients remove barriers to their treatment plan. This will be a count of patients and the issues a patient needs support and assistance addressing to move towards wellness.

Maintain a percentage of mental health visits where patients do not have coverage to under 15% through outreach and enrollment efforts and help 2000 people enroll in coverage (all programs, includes non-Promise patients as well).

Financial reporting shows the percentage of patients seen by therapists and psychiatrists that were uninsured.

Outcome gathered from all participants? No. In FY17 we worked with the Evaluation Capacity Building project to create a system to record the work of the adult wellness program. The system is to create an appointment and log number and types of assists, how patient was assisted and report out in an excel spreadsheet that can be used to determine number of encounters and numbers of assists per patient. Promise will work to conduct patient experience surveys of adult wellness work in coming year to collect outcome data. Financial reporting shows the percentage of patients seen by therapists and psychiatrists that were uninsured.

Anticipate 300 total participants for the year.

Will collect outcome information through surveys as part of the patient experience survey in the fall.

Is there a target or benchmark level for program services? No.

Estimated level of change for this outcome: to have helped all interested patients remove barriers to the treatment plan. This will be a count of patients and the issues a patient needs support/assistance addressing to move towards wellness.

Staff Comment: Stated outcome and performance targets are present. Evaluation is based on contacts and resolution of need but not a measure of client’s wellness. Program plans to implement survey to measure wellness. Minor issue is that the section is not formatted per instructions.

UTILIZATION:

Treatment Plan Clients (TPCs): 150 patients who are engaged with more than one contact or assisted through several barriers are considered case management.

Non-Treatment Plan Clients (NTPCs): 150 patients who are just helped once in a program year.

Service Contacts (SCs): 600 encounters with patients assisted either through adult wellness or medication assistance program. A service contact may be a referral from their primary care provider, mental health provider, or referring partner.

Community Service Events (CSEs): 27 – total of: at least 12 community service events during the grant year and 15 appropriate collaborations with area agencies. These collaborations are all supported by our Adult Wellness Coordinator. Both events and collaborating agencies are tracked in CSE.

Other: 2,000 - people estimated to have been enrolled in health coverage including Medicaid and the Medicaid managed care organizations.

Staff Comment: PY20 targets do not align with past performance for most service categories. Program has underperformed the last two years when comparing projected activity/targets to actual reported levels.

PY20 Annual targets (per Utilization Form)

	TPC	NTPC	SC	CSE	OTHER
Annual Target	150	150	600	27	2000
From submitted quarterly Service Activity reports:					
PY19 Mid-Year Total	35	37	110	26	1050
PY19 Target	65	460	600	27	2000
PY18 Full-Year Total	60	209	250	12	2094
PY18 Target	65	460	700	27	2000

Financial Analysis

PY20 CCMHB Funding Request: \$58,000

PY20 Total Program Budget: \$80,500

Current Year Funding (PY19): \$58,000

Proposed Change in Funding - PY19 to PY20 = 0.0%

PY19 request was for \$58,000

PY18 request was for \$58,000 and award \$58,000

PY17 request was for \$58,000 and award \$58,000

CCMHB request is for 72% of total program budget. Other sources are Contributions - various = \$13,000 (16%) and Grants - US Dept HHS = \$9,500 (12%).

Staff Comment: CCMHB is primary source of support. Amount requested is same as awarded for the last three years. None of the wellness services provided under this proposal are billable to the federally qualified health center (FQHC) funding that Promise Healthcare receives.

Expenses: Personnel related costs of \$58,000 are the primary expense charged to CCMHB at 100% of \$58,000.

Staff Comment: Total Agency budget has a surplus of \$909, Total Program a deficit of \$2,424, and CCMHB budget is balanced. All program revenue is dedicated to supporting personnel. No other expenses are listed for the program; an amount for the cost of audit could be attributed.

Program Staff - CCMHB Funds: 0.0 FTE Indirect and 1.50 FTE Direct. Total CCMHB = 1.50 FTEs.

Total Program Staff: 0.09 FTE Indirect and 1.65 FTE Direct. Total Program = 1.74 FTEs.

Staff Comment: Staffing pattern supported with CCMHB funds includes fully funding all staff time dedicated to the program but one. Staff time dedicated to program ranges from half-time down to 5% of one fulltime position. No indirect staff are supported with CCMHB funds.

Audit Findings: No negative findings in PY18 audit. Audit is required for PY19 and will be for PY20, if selected for funding. Agency uses a different fiscal year than others contracting with the CCMHB, typically necessitating an extension of the audit deadline via contract special provision.

CCMHB PY20 Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement

Priority: Innovative Practices and Access to Behavioral Health Services: Program provides supports to patients with non-clinical barriers to service including lack of insurance/benefits plan coverage. Linkage and referral with other social service providers and case management for patients with more involved/complex needs are the primary activities performed by staff.

Priority: System of Care for Children, Youth, Families

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

Promise Healthcare works to execute its mission to create a healthier community by delivering primary medical, behavioral health, and dental care to the underserved. They work to eliminate barriers to care including providing care to

patients regardless of ability to pay, offering language interpretation for all sites and programs, and investing in ongoing cultural and linguistic competency training for board and staff. Most board of directors are patients of the health center, including behavioral health services. Promise Healthcare provides annual cultural competence training to staff and the board of directors. A Cultural Competence Committee is dedicated to reviewing policies and procedures to ensure that the value of cultural competence is at all levels. Language assistance is available to patients at no cost, and there are many community spaces that provide access to clients that seek to receive services in rural areas. Promise reviews the CLC Plan at least every once per quarter. The Board of Directors reviews it annually. There was conflicting information that was provided in the plan that states that they review the plan bi-annually instead of annually.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *Promise Healthcare operates Frances Nelson, the federally qualified health center serving Champaign County. A high percentage of patients served by Frances Nelson live below the poverty level. Many are on Medicaid or under insured/uninsured. All services are provided at Frances Nelson or satellite site at Rosecrance Walnut Street location.*

Inclusion and Anti-Stigma: *Addressing stigma is not a focus of the application. Governing Board includes active patients, giving voice to the underserved. Staff do participate in public education events and health fairs including events targeted to those involved with the criminal justice system.*

Outcomes: *Program identifies outcomes and performance measures. Evaluation is based on contacts and resolution of need but not a measure of client's wellness. Program plans to implement survey to measure wellness.*

Coordinated System: *Promise healthcare references other providers offering similar services and coordinates with them to serve clients. Promise Healthcare has satellite sites at some other providers locations – Rosecrance Walnut location, and OSF-Community Resource Center that facilitates coordination of services.*

Budget and Program Connectedness: *Budget Narrative provides adequate descriptions. Staffing pattern supported with CCMHB funds ties directly to case management services provided to patients. Initial engagement occurs while patient is in exam room.*

Technical Criteria

Approach/Methods/Innovation: *Case management services are likened to those provided by community health workers. Serving as an advocate and intermediary between patient and provider to address identified need. Research supporting the approach described is cited. Links to sources are provided in the application.*

Evidence of Collaboration: *Promise provides a comprehensive list of 17 entities with which it has written agreements.*

Staff Credentials: *Not addressed. Qualifications - education, work or lived experience, training - are not present. Name and title are all that are listed.*

Resource Leveraging: *CCMHB is the primary funder. Funding is not used as a match. Services are not billable to FQHC grants or third-party insurance plans.*

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2020 contract:

- *Staff qualifications need to be listed.*
- *Data collection and reporting needs to better align with Utilization targets.*
- *Minor issue is that the Outcomes section was not formatted per instructions.*

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

Recommendation: Pending



Agency: Rattle the Stars

Program: Youth Suicide Prevention Education

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$55,000

PY20 Total Program Budget: \$55,000

Current Year Funding (PY19): \$54,500

Proposed Change in Funding - PY19 to PY20 = 1%

Focus of Application: Mental Health

Type of Contract: Grant

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population:

The primary target population for our program is middle and high school aged youth living or attending public or private schools in Champaign County. Youth spend more time interacting with each other than with adults and consequently are better positioned to notice signs of suicide in their peers. Additionally, youth who experience mental health crises or suicidal thoughts are more likely to reach out to their peers rather than parents or other adults. Therefore, interpersonal interaction between youth is a primary point of initial intervention to identify mental illness and prevent suicide.

The secondary target population for our program is parents, educators, service providers, and other adults who interact with these youth. We teach youth to seek help and support from adults, and therefore adults need to know how to respond appropriately. Our program is not aimed at those experiencing thoughts of suicide but is instead focused on those who know them. While we encourage people to talk about their thoughts of and experiences with suicide, our primary focus is to educate others on how to notice those who need support and reach out to them.

Staff Comment: Section has been updated. Primary population is youth followed by parents and other adults having regular contact continues into PY20. Community focus present in PY19 application has been removed.

Scope, Location, & Frequency of Services:

The primary service provided is education and training on how to intervene with someone who may be having thoughts of suicide. Our program is designed to build skills and improve competence to encourage intervention between peers, and by parents and adults. The program covers four content areas: knowledge about suicide (scope, causes, risk and protective factors), recognizing warning signs, intervening using effective communication skills (support, validation, compassion), and accessing professional care. Although the core components remain the same, the program is adapted for delivery to middle and high school students, parents, educators, service providers, clergy, and others. This education program can be delivered on its own, but we offer and recommend its inclusion as part of a comprehensive implementation plan.

We provide support services to organizations for the development of a comprehensive plan to address suicide, including prevention, intervention, and postvention. Prevention plans include specific messaging regarding mental illness and suicide, and also supports for developing or integrating suicide prevention into existing programming (e.g. anti-bullying, LGBTQ+ supports, social-emotional development, social integration and connection). We implement our intervention program by training youth, parents, educators, and other adults, and also provide intervention support by reviewing and recommending crisis intervention plans. Finally, we provide recommendations and support for developing postvention plans for responding after a suicide. In order to promote our services, we participate in various community events and activities at which we can hand out resources and information. As all of these activities are essential for us to provide effective suicide prevention education to youth and the community, they are all to be funded by the CCMHB.

Location / Frequency: The location and frequency of service delivery varies. All services are provided in schools or local community organizations that are easily accessible to the clients. The education program may be a one-time delivery, or may be part of a comprehensive implementation plan that involves multiple contacts.

Staff Comment: Scope of services is essentially unchanged from last year, the first year of the program. Services are directed at developing peer supports through education about mental illness, supportive communications skills, and knowledge of community resources. Assistance is available to organizations on preparing a plan to address suicide including pre- and post-intervention strategies and supports. Broader community education appears limited to participation in events.

Access to Services for Rural Residents:

We will directly contact every public and private high school and middle school in Champaign County and offer our program. We will tailor our presentation to ensure that rural residents know how to access resources in their community, and we will address barriers they may have to accessing resources in the urban areas of the county. We will also address specific factors that affect rural residents, such as greater negative perceptions of mental illness and higher rates of gun ownership. Rural residents will be served in their local schools or community organizations.

Access to Services for Members of Underrepresented/Minority Populations:

We will directly contact every public and private high school and middle school in Champaign County and offer our program. Prior to implementing the education program, we will learn about the population of the school or organization and will tailor our presentation to ensure that the material is relevant and accessible to all populations by considering age, race, class, gender and gender identity, sexual orientation, language, immigration status, and ability. We will use material and examples that are relevant to the specific population and will discuss how risk and protective factors and warning signs may vary based on these and other factors. We will make our written materials available in Spanish and French and in forms that are accessible to students of differing academic abilities. People from underserved/underrepresented groups will be served in their local schools or community organizations.

Staff Comment: Outreach to all middle and high schools in the county is planned with presentations delivered in the community or school. Cultural and other considerations will influence how information is presented to any given audience. Materials will be available in multiple languages.

Residency: Total Served in first half of PY2019 =16 (new in PY19)

Champaign Set	10 (62.5%) for PY19
Urbana Set	6 (37.5%) for PY19
Rantoul	0 (.0%) for PY19
Mahomet	0 (.0%) for PY19
Other Champaign County	0 (.0%) for PY19

Demographics N/A – new in PY2019

Program Performance Measures

CONSUMER ACCESS:

Our program is available to youth living in or enrolled in a public or private middle or high school in Champaign County. The program is available to any adults who have contact with or interact with these youth. We require a minimum group size of 5 and a minimum of 45 minutes to conduct the training.

Eligibility is determined by self-report, but all training sessions will take place within Champaign County.

We will directly contact schools and community organizations by phone or email and offer the program. We will advertise our services at community outreach events. We will promote our services on our website and social media platforms. We will collaborate with other community organizations and ask them to promote our services to their clients.

Within 2 days from referral, 100% of those referred will be assessed.

Within 60 days of assessment, 50% of those assessed will engage in services.

People will engage in services, on average, for: Youth: 2.25 hours in three sessions; Adults: 3 hours in one session.

Additional Demographic Data: gender identity (cis- or trans-) and sexual orientation.

Staff Comment: As an education-based program, eligibility is tied to being an appropriate audience for the subject matter. Outreach will be targeted to all schools in Champaign County. Projected engagement is 50% of those referred – those requesting services/presentation – will, within 60 days, have had a presentation.

CONSUMER OUTCOMES:

1. Increased capacity to respond to suicidal ideation in others due to greater knowledge and understanding of suicide and increased confidence and competence to intervene.

2. Reduced stigma and negative perceptions of mental illness and suicide due to greater knowledge and understanding of the causes and risk factors for suicide.
3. Increased perceived social support and feelings of acceptance and understanding.
4. Increased use of resources and supports.
5. Fewer reports of thoughts of suicide and suicide attempts.

Outcomes 1, 2, 3, 4: Collected from all youth and adults using pretest-posttest developed in conjunction with the evaluation support team which includes unique items as well as items from the following scales and questionnaires:

- Adolescent Attitudes Toward Suicide, Stigma, and Help-Seeking Behavior Questionnaire
- 2-way Social Support Scale
- Help Seeking Acceptability at School
- Adult Help for Suicidal Youth
- scale evaluating Surviving the Teens program
- scale evaluating SafeTALK program

Outcomes 4, 5: Collected from students using one-time questionnaire (still in development) and collected from school counselors based on their internally gathered data

Outcome gathered from all participants? Yes.

Anticipate 2500 total participants for the year.

Will collect outcome information before and after every education program; once per year from students and schools.

Is there a target or benchmark level for program services? No.

Estimated level of change for this outcome is n/a

Staff Comment: Outcome measures are identified. Evaluation method and tools for measures 1 – 3 is referenced.

Measurement tool for outcomes 4 and 5, under development. Program is a targeted initiative under the U of I Build Evaluation Capacity for Programs PY19 contract. Performance benchmark has not been established as program is in start-up phase completing curriculum and starting to do presentations.

UTILIZATION:

Community Service Events (CSEs): 150 - We generally participate in school class presentations, workshop presentations, public presentations, planning meetings, media interviews, and information distribution events. The majority of these will be school class and workshop presentations of our intervention education program.

Staff Comment: PY19 is first year for agency/program. Some allowance is made for start-up and establishing presence and services in the community. Presumably level of activity will increase in second half of PY19. Provider has increased PY20 target reflecting that optimism.

PY20 Annual targets (per Utilization Form)

	CSEs
Annual Target	150

From submitted quarterly Service Activity reports:

PY19 Mid-Year Total	16
PY19 Target	115

Financial Analysis

PY20 CCMHB Funding Request: \$55,000

PY20 Total Program Budget: \$55,000

Current Year Funding (PY19): \$54,500

Proposed Change in Funding - PY19 to PY20: = 0.9%

PY19 request was for \$54,500. Agency/Program was new in PY19.

CCMHB request is for 100% of total program revenue.

Expenses: Personnel related costs of \$40,500 are the primary expense charged to CCMHB at 74% of \$55,000. Other expenses are: Professional Fees/Consultants \$5,750 (10%); Consumables \$1,500 (3%); General Operating \$2,570 (5%); Conferences/Staff Development \$4,000 (7%); Local Transportation \$500 (1%); and Membership Dues \$180 (0%).

Staff Comment: Total Agency Budget Shows a surplus of \$3,570; Total Program and CCMHB Budgets are balanced. If this is the only program, Agency and Program budgets should be identical. The agency requests increase of less than 1%

over amount of PY19 award. As the sole funder, all program expenses are charged to the Board. Budget narrative provides clear description of use of funds.

Program Staff - CCMHB Funds: 0.00 FTE Indirect and 1.00 FTE Direct. Total CCMHB = 1.00 FTEs.

Total Program Staff: 0.00 FTE Indirect and 1.00 FTE Direct. Total Program = 1.00 FTEs.

Staff Comment: Agency employs an Executive Director.

Audit Findings: *N/A. Program was not funded in PY18. An audit is required for PY19, For PY20, an independent financial review (at minimum) will be required, if the proposal is selected for funding.*

CCMHB PY20 Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement

Priority: Innovative Practices and Access to Behavioral Health Services: *Focuses on building a stronger natural support system within youth peer groups and within families and other youth involved adults, to increase capacity to recognize and respond to warning signs of suicide.*

Priority: System of Care for Children, Youth, Families

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

Rattle the Stars is a newly funded support group for Suicide Prevention that focuses on Youth Peer to Peer Support. The staff and board have allocated resources for cultural competence training. As engagement increases, they have made members of the community aware about Board of Director vacancies and are looking for diverse backgrounds and skills. Inter-agency collaboration is outlined in the Program Plan Part One. A cultural competence committee has been established to work with the organization as they build their policies and procedures to be culturally responsive to their target population. There is not a clear plan of engagement outside of the different public schools. Technical Assistance and support for cultural competence plan development will be available to Rattle the Stars.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *Plans for countywide presence and being responsive to underserved populations is addressed and likely to be effective. Cultural and other considerations will influence how information is presented to any given audience.*

Inclusion and Anti-Stigma: *Program focus is on increasing awareness of and response to warning signs of suicide among peers. Reducing stigma/isolation/risk is a key element of the program. Agency participates in community-wide collaborations and stages their own community awareness/education events.*

Outcomes: *Consumer outcomes presented and evaluation methods are identified for most outcomes. Tools to measure some outcomes still being developed. Program is working with U of I Program Evaluation Team.*

Coordinated System: *Program indicates no other provider offers this type of service. Program may have similarities to Mental Health First Aid for Youth, which is offered periodically in the community to adults involved with youth. Agency is active in various coordinating councils including the Champaign Community Coalition and the Child and Adolescent Local Area Network. Relationship with school districts is key to future success but not present at this time.*

Budget and Program Connectedness: *Budget Narrative provides adequate explanation of relevant items. Program was a new start-up in PY19 when awarded funding from the CCMHB. Projected expenses align with program scope of services per the Budget Narrative. Agency has one paid employee.*

Technical Criteria

Approach/Methods/Innovation: *Program presentation incorporates elements of various evidence-based models/practices. Key components program is based include: recognizing warning signs, asking questions about suicidal thoughts; responding with care, support and validation; and, referring to resources and professional help. Emphasis is placed on building peer's skills to ask the right questions in the right way and to respond accordingly. Links to the various models/programs incorporated into the Rattle the Stars are provided.*

Evidence of Collaboration: *Written collaboration agreement limited to Youth and Family Peer Support Alliance.*

Staff Credentials: *Education, training, and work experience of Executive Director is listed.*

Resource Leveraging: *CCMHB is the sole funder for the program and except for some fundraising/contributions for the agency as well. An increase of less than 1% is requested.*

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2020 contract:

- *For PY19, program was required to give a progress report/presentation to the Board following the second quarter. As the program is continuing to develop content and move to implementation, requiring a progress report as part PY20 contract, if awarded, should be considered.*
- *Revise financial forms so that Total Agency and Total Program budgets match.*

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

Recommendation: Pending



Agency: Rosecrance Central Illinois Program: Crisis, Access, & Benefits

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$255,440
PY20 Total Program Budget: \$1,383,526
Current Year Funding (PY19): \$255,440
Proposed Change in Funding - PY19 to PY20 = 0 %

Focus of Application: Mental Health
Type of Contract: Grant
Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population:

Crisis Line/Crisis Services: Anyone who presents by phone or in person with a mental health crisis in Champaign County. The crisis team also provides crisis screenings to any individual under the age of 21 determined to be ineligible for SASS screenings by the CARES Line.

Access: Anyone who calls or walks into our Walnut facility with behavioral health needs.

Benefits: Anyone from Champaign County requesting behavioral health services, but who has not been linked with entitlements. These services occur at our Walnut facility and at the jail. Partnering with Champaign County Health Care Consumers

Rationale: Mental Health America, in the “State of Mental Health in America 2018,” states a number of facts that support the rationale for funding the crisis line and crisis services, specifically noting that:

- One in five adults has a mental health condition. Using this formula, Champaign County has over 30,000 residents affected by mental illness, some of which will need emergent assistance.
- This large number, coupled with a severe shortage in the mental health workforce, substantiates the critical role that the Rosecrance team fills in the community. There are not enough resources for those in need and trained clinical professionals are necessary to ensure timely assessments, as well as referral and linkage to the least restrictive setting possible.
- Working with Champaign County Health Care Consumers, as well as providing a full-time Benefits Case Manager at the Walnut Street location, provides continuous value to those who previously did not have access to dental, vision and healthcare resources. With benefits in place, those with mental illness, who often have co-occurring physical health concerns, can get the care they need and avoid more expensive care in the emergency departments of local hospitals. The continuum of Crisis, Access, and Benefit-acquisition services are critical to Champaign County residents, especially individuals or youth with behavioral health needs and families in crisis, for whom the Rosecrance or CCHCC staff may be the first link to treatment and recovery.

Staff Comment: Population served is unchanged from current contract. Persons in crisis or interested in accessing services and/or needing assistance with enrolling in a benefit plan are eligible for services. Section exceeds word limit.

Scope, Location, & Frequency of Services:

Crisis Line is a 24-hour telephone service staffed by Bachelor’s- and Master’s-level clinicians. A Master’s-level clinician oversees the day-to-day functions of the crisis line, acts as backup to the crisis clinicians by responding to crisis line calls, screening individuals during the walk-in times at Walnut, and providing community education regarding the crisis line and behavioral health services offered by Rosecrance. Access/Crisis clinicians are both Bachelor’s- and Master’s-level clinicians who provide assessments and support to determine clients’ immediate behavioral health needs. These interventions occur most often at the local emergency rooms, at Rosecrance facilities, and in collaboration with local law enforcement. The goal is to stabilize and restore functioning, and minimize disruption within the family and community.

In addition, these clinicians complete intake screenings for people who present during walk-in times and are available to consult with police regarding incidents in the community. Crisis clinicians use a proprietary crisis assessment, founded in best practices and developed based on the Suicide Assessment Five-Step Evaluation and Triage (SAFE-T). The SAFE-T assists clinicians in conducting suicide assessments, using a 5-step evaluation and triage plan to identify both risk factors and protective factors, suicide inquiries, determining risk levels and potential interventions, and documenting treatment plans. Benefits Case Management services are provided by one Master’s-level licensed clinician employed by Rosecrance, and one case manager currently earning a Bachelor’s degree in Political Science and Social Work, employed by Champaign County Health Care Consumers. Benefits Case Managers assist with applications, submissions, and appeal processes involved in obtaining the benefits necessary to receive behavioral health services.

Location / Frequency: We have an agreement with OSF in Urbana to provide 24 hour 7 day a week coverage at the hospital, we will respond with police when called to help, we will also respond in the community. As safety is always an issue, if we deem a situation not to be safe to enter into we will direct those clients be seen in a hospital setting.

Staff Comment: Scope of services is unchanged from current contract. Program is comprised of three service elements: crisis line/crisis services, access to screenings for persons not experiencing a crisis, and assistance with enrolling in benefit entitlement/insurance plans. Potential affiliation of crisis line with National Suicide Prevention Lifeline should be investigated. Champaign County Health Care Consumers (CCHCC) has submitted separate proposals to provide benefit application assistance and other supports. If the CCHCC proposal specific to criminal justice benefit assistance is approved, that service activity and funding would be dropped from this application. Rosecrance is now under contract to provide Mobile Crisis Response to youth and adults contacting the state operated Cares Line and determined to be served by Medicaid. Service area is Champaign, Ford, Iroquois, Vermilion Counties. CCMHB funds do not support this activity.

Access to Services for Rural Residents:

We are able to provide 24-7 access to the crisis line 365 days a year to anyone who calls from anywhere in the County. Crisis clinicians are able to respond with local law enforcement to rural residents’ homes throughout Champaign County. All other services within the program are focused on serving individuals where they most often present with critical behavioral health needs such as the emergency departments of hospitals and at our walk-in clinic. The Benefits Case Managers also greatly improve individuals’ access to services by assisting them with acquisition of benefits to pay for their care. As much as possible the rural residents will be served in their geographic region.

Access to Services for Members of Underrepresented/Minority Populations:

We work with anyone who presents in person, at the hospital, or in the community, or office based.

Staff Comment: Around the clock countywide access is provided through the crisis line. Most crisis team contacts occur at the emergency departments and, while an option during business hours, less frequently at the Rosecrance Walnut Street facility. Some response to community locations may occur in coordination with law enforcement. Program has taken responsibility for state Mobile Crisis Response (MCR) program that will respond to community locations – this service is not supported with CCMHB funds. Specific effort to target services to underserved populations not indicated.

Residency: Total Served in PY2018 = 230 and in first half of PY2019 = 100

Champaign Set	137 (59.6%) for PY18	57 (57.0%) for PY19
Urbana Set	45 (19.6%) for PY18	16 (16.0%) for PY19
Rantoul	21 (9.1%) for PY18	7 (7.0%) for PY19
Mahomet	5 (2.2%) for PY18	3 (3.0%) for PY19
Other Champaign County	22 (9.6%) for PY18	17 (17.0%) for PY19

Demographics: Total Served in PY2018 = 230

Age	
Ages 13-18 -----	2 (.9%)
Ages 19-59 -----	215 (93.5%)
Ages 60-75+ -----	13 (5.7%)
Race	
White -----	107 (46.5%)
Black / AA -----	113 (49.1%)
Asian / PI -----	3 (1.3%)

Other (incl. Native American and Bi-racial) 4 (1.7%)
 Not Available Qty ----- 3 (1.3%)
Gender
 Male ----- 168 (73.0%)
 Female ----- 62 (27.0%)
Ethnicity
 Of Hispanic / Latinx origin ----- 4 (1.7%)
 Not of Hispanic/Latinx Origin ----- 226 (98.3%)

Program Performance Measures

CONSUMER ACCESS:

1. Any individuals seeking and in need of behavioral health services are eligible for services.
2. Through direct referrals, first responder requests, phone referrals, and walk-ins, individuals will be screened and assessed by a clinician to determine current behavioral health needs and to provide linkage to appropriate services and needed levels of care.

All clients will be assessment and meet criteria by asking for the service, being referred for the service, or seen in the hospital. No one is turned away from receiving crisis services.

Through community events, counselors, hospitals, doctors, school, and police.

Within 1 days from referral, 100% of those referred will be assessed.

Within 1 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average: For Crisis, Crisis Line, or Access, average length of engagement is 1-3 days with most individuals being served same day.

Additional Demographic Data: income level, education level, living arrangement, # of dependents, contact information, primary language, religion, veteran status, marital status, employment status, and legal status.

Staff Comment: Eligibility, referral, and assessment focuses primarily on crisis response. No person is denied access to a crisis assessment. Person not in crisis may present at Rosecrance and be screened and referred for services. Those not enrolled in a benefit plan would be referred to a benefits case manager.

CONSUMER OUTCOMES:

1. It is estimated that 100% of those seeking information, screening, or referral will receive those services.
2. It is estimated that clients seeking services will be screened the same day they are referred, call, or walk-in.
3. It is estimated that 100% of referred clients will be assessed for eligibility.
4. If it is determined the individual is in crisis, services are provided same day. For all other services, such as psychiatric, case management, counseling/therapy, capacity will dictate the length of time from assessment to engagement.
5. It is estimated that 100% of eligible clients experiencing a crisis situation will be engaged in services same day. For internal referrals, the estimated percentage of eligible clients who will be engaged in services within that time frame is estimated to be less than 50%. This estimate comes from the knowledge that for those referred for full mental health assessments, typically only 50% follow through. For all referrals outside the organization, this information is not available.
6. For Crisis, Crisis Line, or Access, the average length of engagement is 1-3 days with most individuals being served same day. The exception to this is Benefits Case Management engagement which could take several months for benefits determination and/or acquisition.

Outcomes 1 -6 are measured in our records. The goal is to stabilize and restore functioning and minimize disruption within the family and community. In addition, these clinicians complete intake screenings for people who present during walk-in times and are available to consult with police regarding incidents in the community. Crisis clinicians use a proprietary crisis assessment, founded in best practices and developed based on the Suicide Assessment Five-Step Evaluation and Triage (SAFE-T). The SAFE-T assists clinicians in conducting suicide assessments, using a 5-step evaluation and triage plan to identify both risk factors and protective factors, suicide inquiries, determining risk levels and potential interventions, and documenting treatment plans.

Outcome gathered from all participants? Yes.

Anticipate 750 total participants for the year.

Will collect outcome information at Every new crisis assessment.

Is there a target or benchmark level for program services? No.

Estimated level of change for this outcome is 100% of consumers will have a level change.

Staff Comment: Section has been revised for PY20. Outcomes listed are more process oriented than outcome oriented. This may be a function of the services offered being screening and assessment focused. Assessment/evaluation tool is identified for crisis contacts. Performance targets for engagement is 100% for crisis and 50% for access screenings. Estimated level of change in those served is not addressed although something will happen for 100% of those served.

UTILIZATION:

Non-Treatment Plan Clients (NTPCs): 500 - Intake Screenings completed by Access Clinicians for those who are Champaign County residents and who are seeking Rosecrance services.

Service Contacts (SCs): 3,000 - Crisis Line calls.

Community Service Events (CSEs): 15 - educational presentations, community events or requests for consultations attended by the Crisis Line Coordinator and/or Supervisor of Access/Crisis/Crisis Residential. Additional staff may join the Coordinator to assist with meeting specific requests.

Other: 150 - people served by the Access and CCHCC Benefits Case Managers.

Staff Comment: Section has been edited. NTPC activity reported includes Intake Screening Forms (ISFs) and Mental Health Assessments completed by Access clinicians. For PY20 NTPCs are represented by completion of ISFs. PY20 targets for SCs, CSEs, & Other are all lowered from PY19 levels. Past performance shows some fluctuation in activity for each of these categories; reducing targets may be premature. Submitted narrative for this section needs to be revisited.

PY20 Annual targets (per Utilization Form)

	NTPC	SC	CSE	OTHER
Annual Target	500	3000	15	150
From submitted quarterly Service Activity reports:				
PY19 Mid-Year Total	729	1543	8	174
PY19 Target	500	3500	25	225
PY18 Full-Year Total	954	3946	20	306
PY18 Target	400	3500	20	160

Financial Analysis

PY20 CCMHB Funding Request: \$255,440

PY20 Total Program Budget: \$1,383,526

Current Year Funding (PY19): \$255,440

Proposed Change in Funding - PY19 to PY20 = 0.0%

P19 request was for \$262,250

P18 request was for \$274,888 and award \$228,002

P17 request was for \$306,895 and award \$255,440

CCMHB request is for 18% of total program revenue. Other revenue: Fee for Service Contracts – various sources = \$940,060 (68%), Grants - IL DHS Office of Mental Health = \$180,726 (13%) and Other sources = \$7,300 (1%).

Staff Comment: No increase in funding is requested from CCMHB. Amount includes \$51,480 subcontract with Champaign County Health Care Consumers (CCHCC). Subcontract with CCHCC has been funded for several years through Rosecrance. For PY20, CCHCC applied directly to CCMHB; if funded, this would be offset by a reduction to this contract. Fee for Service contracts include \$642,333 for Mobile Crisis Response (SASS) service to 4 county service area.

Expenses: Personnel related costs of \$173,307 are the primary expense charged to CCMHB at 68% of \$255,440. Other expenses are Professional Fees/Consultants \$82,133 (32%).

Staff Comment: Total Agency Budget shows deficit of \$380,646, but Total Program and CCMHB budgets are balanced. CCMHB funds allocated to Professional Fees/Consultants line includes the subcontract with CCHCC. This expense line also includes audit fee and management and general indirect cost charge, among other expenses. The budget narrative includes an explanation of the allocation of indirect staff time and management and general costs to the program.

Program Staff - CCMHB Funds: 0 FTE Indirect and 3.33 FTE Direct. Total CCMHB = 3.33 FTEs.

Total Program Staff: 0.84 FTE Indirect and 18.64 FTE Direct. Total Program = 19.48 FTEs.

Staff Comment: The CCMHB funds are targeted to a few select positions as opposed to a percentage of each position working in the program. These include: fulltime Access/Crisis Line Liaison (100%), 90% of Benefits Case Manager (other 10% is part of the Criminal Justice application), 93% of fulltime Crisis Team Leader, and 50% of Unit Clerk position. In the past, Crisis Supervisor was included, but is replaced by the Unit Clerk position. Benefits Case Manager assists clients with enrolling in benefit/entitlement plans and of particular note has expertise in SSDI/SSI applications.

Audit Findings: *No significant findings with most recent audit, of PY2018. An audit is required for current year contract and, if selected for funding, for PY2020.*

CCMHB PY20 Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement: *Elements of the proposal would align with this priority – crisis engagement with law enforcement and benefit assistance provided to criminal justice/jail population through CCHCC subcontract.*

Priority: Innovative Practices and Access to Behavioral Health Services: *Selected by the applicant as the priority area, reference to “Access to Behavioral Health Services” clearly describes scope of services proposed.*

Priority: System of Care for Children, Youth, Families

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

RCI leadership and direct service staff will participate in at least one cultural competency training per year. Board demographics to mirror as closely as possible the population being served, including board member with lived mental health and/or substance use disorder experience or a family member of a person with one or more disorders. Rosecrance completes a bi-annual Organizational Cultural Competence assessment and utilizes the survey responses from client satisfaction surveys and analysis of population served to develop specific CLC Action for the following year after the assessment is completed. Monthly facility checklists are completed by the Environmental Services Staff to assess and modify physical facilities to be welcoming, clean, accessible and attractive. SOPs are reviewed quarterly by the agency's Performance Improvement department to ensure they are aligned with CLC principles. An Annual CLC Event is planned for each department within RCI. Former/current clients assist with education/outreach/engagement activities. In addition, services are provided in a school setting and in community-based settings based on the client's needs. Interagency Collaboration is outlined extensively within Part One of all the program applications. There are procedures for utilizing interpreters. Print and multimedia are provided in most languages that are commonly used by the populations served. There is no cost for clients to utilize language services that are provided by RCI. The CLC Plan was outlined with the CLAS Standards, and the updates were provided. It has clear actions that can be measured with the CLAS Standard. The Plan is a clear result of planning and collaboration captured from the CLC Plan from Prairie Center Health Systems as a result of the merger.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *Crisis line and crisis team operate 24/7. Any individual in crisis can access services. Access screenings require person to present at Rosecrance. No additional effort is made to engage underserved populations.*

Inclusion and Anti-Stigma: *Community education is a small part of services but not linked to reducing stigma. Promoting inclusion and addressing stigma is not a function of the program, but the agency does host and co-host community education/awareness efforts.*

Outcomes: *In general, all outcomes appear process oriented. This is a reflection of the services provided being screening and assessment serving as a gateway to treatment. Consumer outcomes focus primarily on crisis contacts.*

Coordinated System: *Reference is made to Carle Hospital's contract with The Pavilion for crisis services and to Rosecrance having taken on responsibility for Mobile Crisis Response under contract with the state. Such contractual relationships necessitate coordination between the two behavioral health providers.*

Budget and Program Connectedness: *Budget Narrative includes adequate descriptions of associated line items. Budget supports staffing pattern. Support for Champaign County Health Care Consumers subcontract is included in the professional fees/consultation expense line. Adjust contract award as necessary based on final funding decisions for the respective proposals.*

Technical Criteria

Approach/Methods/Innovation: *Application states "Crisis clinicians use a proprietary crisis assessment that is founded in best practices and was developed based on the Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)."*

Evidence of Collaboration: *Written agreements are in place with some healthcare providers serving Champaign County. Not listed are agreements with other behavioral healthcare providers.*

Staff Credentials: *General statement on qualifications of Access/Crisis Clinicians is provided. Specific qualifications of positions supported with CCMHB funds not provided. At a minimum these positions are Bachelor's or Master's level clinicians. Licensing or other credentials not indicated.*

Resource Leveraging: *No increase in CCMHB funding is requested. Other funding in the budget is a mix of state and local sources of support, primarily through fee for services contracts. None of these other funds require a match or are the direct result of CCMHB participation in the program.*

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2020 contract:

- *Special provision to assess viability of affiliation with National Suicide Prevention Lifeline; such a partnership could support coordinated crisis response and training, would improve opportunity for some federal \$.*
- *Utilization narrative section of Part I Form needs to be revised/updated.*
- *Reduce award by amount of CCHCC subcontract, or \$51,480, if Board chooses to fund separate CCHCC proposal and this application (then this application would be at \$203,960).*

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

Recommendation: Pending

121



CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD
CHAMPAIGN COUNTY
MENTAL HEALTH BOARD

Agency: Rosecrance Central Illinois

Program: Recovery Home

Draft PY2020 CCMHB Program Summary

PY20 CCMHB Funding Request: \$200,000
PY20 Total Program Budget: \$228,800
Current Year Funding (PY19): \$200,000
Proposed Change in Funding - PY19 to PY20 = 0%

Focus of Application: Substance Use Disorder
Type of Contract: Grant
Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population:

The Rosecrance Recovery Home creates an alcohol and drug free environment for adults (ages 18 and older) with substance use disorders who do not already have a safe, supportive living environment in which to learn how to successfully implement a peer support recovery program while developing independent living skills in a community setting. The recovery home model demonstrates efficacy in mitigating risk of relapse and decreasing psychiatric symptoms when involved in 12-Step recovery and developing social supports (Pocin, Korcha, Bond, Galloway, 2010). Clients are referred from Champaign County Drug Court, the Illinois Department of Corrections, and substance use disorder treatment providers. Traditionally, this population has had limited/no third-party fund source. In addition, neither Medicaid nor Medicaid MCOs fund Recovery Home or the accompanying case management services which are connected to higher treatment engagement and completion rates. (Case Management for Substance Abuse Treatment. Treatment Improvement Protocol (TIP) # 27, US Dept. of Health and Human Services, 2004.)

Staff comments: section is slightly edited; similar to PY19 application. The program and contract for PY19 went into effect on February 1, 2019, coinciding with the writing of this application, so we do not expect many revisions.

Scope, Location, & Frequency of Services:

Traditionally a "step down" from Residential treatment services, the Recovery Home requires that clients receive substance abuse treatment services through Rosecrance's Continuum of Care, including Intensive Outpatient and Outpatient Programs. The treatment needs of clients are assessed using the Diagnostic Statistical Manual (DSM-5) and The ASAM (The American Society of Addiction Medicine) Criteria. The program requirements are currently mandated by Illinois Administrative Code Title 77, Part 2060, which state that recovery homes provide individualized services within a recovery-oriented system of care environment, with therapeutic interventions that facilitate: removal of barriers for safe/supportive housing; 12-Step support involvement; independent living skills; education/vocational skills; identification and use of natural supports; use of community resources; and peer support.

Evidence based practices to be used include:

- 12-Step model and peer support: Engaging in support help groups contributes to better substance use outcomes by providing support, goal direction, and structure; exposure to abstinent role models; reward for substance-free activities; and a focus for building self-confidence and coping skills. (Moos & Timko, 2008);
- Level system: Utilizing a hierarchical model helps residents to gradually adjust to community living, while increasing sustainability of recovery efforts (Polcin & McAllister, 2008); and
- Case Management: Studies support utilization of case management services in the engagement and retention of treatment and ancillary services (Rapp, Van Den Noortgate, Broekaert, & Vanderplasschen, 2014).

Weekly group services in 12-Step Recovery Study and Life Skills Workshops; intensive case management based on individualized service plans, support activities for daily living and relapse prevention skills; access to vocational/educational programs; assistance in linking clients to medical, psychiatric, counseling; and dental services in

the community; education on money management/budgeting; education on accessing peer or community supports and activities (i.e. church, AA/NA meetings, recreational activities); and provision of service work/volunteer/work opportunities. Recovery Home is located at 2302 Moreland Blvd. Champaign, Illinois, in operation 24/7, 365 days year, with staff present at all times to ensure a safe, recovery-oriented living environment.

Staff comments: section slightly edited; similar to PY19 application, a promising set of supports not previously available.

Access to Services for Rural Residents:

Clients in this program may be from any location. Prior to discharge from the Recovery Home, residents originating from rural parts of the county will be assisted in locating housing, jobs/education, and other resources in their area.

Transportation to/from these services and Recovery Home site (in Champaign) will be provided by staff for those for whom transportation would be a barrier to successfully transitioning back into their home community.

Access to Services for Members of Underrepresented/Minority Populations:

Consumer-driven, strength-based, trauma-informed services with sensitivity to culture, race, ethnicity, age, gender, sexual orientation, and disability. Outreach to engage those in underserved or underrepresented populations. Natural supports for persons with substance use disorders are important to their recovery; staff help clients to identify and connect with natural supports as well as traditional services and supports. Transportation to/from locations within Champaign County will be provided by staff for those for whom transportation would be a barrier to connect with other services/supports.

Staff Comments: section edited; transportation support likely to be helpful; outreach/engagement strategies not specified.

Residency and Demographics - no data, as program started February 1, 2019.

Program Performance Measures

CONSUMER ACCESS:

1. A licensed recovery home is an alcohol and drug free housing component whose rules, peer-led groups, staff activities and other structured operations are directed toward maintenance of sobriety for persons who exhibit treatment resistance, relapse potential and/or lack of suitable recovery living environments or who recently have completed substance abuse treatment services or who may be receiving such treatment services at another licensed facility.
2. Those interested must: complete an application for services; meet the American Society for Addiction Medicine (ASAM) criteria for Level II (intensive outpatient) or Level I (outpatient) care; and exhibit treatment resistance, relapse potential and/or lack of suitable recovery living environment.
3. Often a “step down” from residential (ASAM Level III) services, clients will be referred to Recovery Home services from Rosecrance residential and/or other residential service providers. Other clients may be those who are waiting for residential treatment services.

Within 3 days from referral, 100% of those referred will be assessed.

Within 2 days of assessment, 70% of those assessed will engage in services.

People will engage in services, on average, for 3 months.

Additional Demographic Data: income level, education level, living arrangement, # of dependents, contact information, primary language, religion, veteran status, marital status, employment status, and legal status.

CONSUMER OUTCOMES:

One of the foundational principles of lasting recovery is a strong support network and longer engagement in treatment. Recovery home settings provide on-going learning to help decrease the likelihood of relapse and a chance for residents to practice living their new lifestyle in a supportive environment.

Measurable outcomes include:

Successful linkage to items in individualized plan: affordable housing, vocational/educational resources, medical, dental, psychiatric/counseling services; engagement in 12-step support groups;

- Step down to less intensive services
- Secured housing
- Secured employment or engagement in education program

The Rosecrance electronic health record (Avatar) will be used to track clients’ accomplishments in the above areas, which are also identified by SAMHSA as National Outcome Measures (NOMS).

Outcome gathered from all participants? Yes.

Anticipate 45 total participants for the year.

Will collect outcome information (NOMS) at intake and at discharge.

Is there a target or benchmark level for program services? No.

Estimated level of change for this outcome is: 45% of all discharges from the Recovery Home will have accomplished the items listed in #1 above.

Staff Comment: measures and methods are identified.

UTILIZATION:

Treatment Plan Clients (TPCs): 45 unduplicated clients admitted to the program, who have a recovery plan.

Service Contacts (SCs): 56 unduplicated individuals interviewed for access to Recovery Home services.

PY20 Annual targets (per Utilization Form)

	TPC	SC
Annual Target	45	56

PY19 First two quarters (per submitted Service Activity Reports) – program not implemented until Feb 1, 2019.

Financial Analysis

PY20 CCMHB Funding Request: \$200,000

PY20 Total Program Budget: \$228,800

Current Year Funding (PY19): \$200,000

Proposed Change in Funding - PY19 to PY20 = 0.0%

PY19 request was for \$200,000 – new program

CCMHB request is for 87% of total program revenue. Other 13% from Program Service Fees, at \$28,800.

Staff Comment: For PY19, projected revenue from program fees was to be largest source of revenue. Amount is substantially reduced for PY20.

Expenses: Personnel related costs of \$134,992 are the primary expense charged to CCMHB at 67% of \$200,000. Other expenses are: Professional Fees/Consultants \$40,000 (20%), Consumables \$8,000 (4%), General Operating \$5,000 (3%), and Occupancy \$12,008 (6%).

Staff Comment: Total Agency budget has a deficit of \$380,646, total program deficit \$192, CCMHB budget is balanced.

Program Staff - CCMHB Funds: 0.16 FTE Indirect and 3.00 Direct. Total CCMHB = 3.16 FTEs.

Total Program Staff: 0.16 FTE Indirect and 3.00 FTE Direct. Total Program = 3.16 FTEs.

Audit Findings: N/A. As a program newly funded in PY2019, an audit is not due until October 2019. If funded for PY2020, an audit again be required, due to total agency revenue greater than \$300,000.

CCMHB PY20 Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement

Priority: Innovative Practices and Access to Behavioral Health Services – selected by applicant; proposal aligns well with this priority, featuring substance-use free housing for adults in recovery/in treatment, who may access multiple community services, not limited to substance abuse treatment and case management.

Priority: System of Care for Children, Youth, Families

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

RCI leadership and direct service staff will participate in at least one cultural competency training per year. Board demographics to mirror as closely as possible the population being served, including board member with lived mental health and/or substance use disorder experience or a family member of a person with one or more disorders. Rosecrance completes a bi-annual Organizational Cultural Competence assessment and utilizes the survey responses from client satisfaction surveys and analysis of population served to develop specific CLC Action for the following year after the assessment is completed. Monthly facility checklists are completed by the Environmental Services Staff to assess and modify physical facilities to be welcoming, clean, accessible and attractive. SOPs are reviewed quarterly by the agency's

Performance Improvement department to ensure they are aligned with CLC principles. An Annual CLC Event is planned for each department within RCI. Former/current clients assist with education/outreach/engagement activities. In addition, services are provided in a school setting and in community-based settings based on the client's needs. Interagency Collaboration is outlined extensively within Part One of all the program applications. There are procedures for utilizing interpreters. Print and multimedia are provided in most languages that are commonly used by the populations served. There is no cost for clients to utilize language services that are provided by RCI. The CLC Plan was outlined with the CLAS Standards, and the updates were provided. It has clear actions that can be measured with the CLAS Standard. The Plan is a clear result of planning and collaboration captured from the CLC Plan from Prairie Center Health Systems as a result of the merger.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: Although primarily site-based, staff offer transportation to those who need, county-wide. Outreach to underrepresented minority populations is noted, though not specific.

Inclusion and Anti-Stigma: While not a specific focus of the program, connecting people to community-based and natural supports, including 12 step groups, may reduce stigma associated with SUD. However, SUD stigma is complex and can be dangerous, so education/awareness activities may be helpful.

Outcomes: Access, consumer outcomes, and measures are addressed in sufficient detail (above).

Coordinated System: No other state-licensed Recovery Homes in Champaign County. Excellent detail on program activities: referral to many related community supports and services; intensive case management; coordination based on individualized service plan; support for daily living, advocacy, and linkage to many resources/opportunities.

Budget and Program Connectedness: The budget narrative provides sufficient detail on all revenue and expense items, how they were determined, including the administrative costs calculation (management and general). No discrepancies are noted across financial documents. Specific responsibilities of assigned personnel are not elaborated in the Budget Narrative, but Program Plan Narrative and Personnel form are consistent. As 20% of CCMHB expenses, Professional Fees could include more detail.

Technical Criteria

Approach/Methods/Innovation: Cites sources on: 12-Step model & peer support; Level system; Case management.

Evidence of Collaboration: Agreements (specific to Recovery Home) with: Urbana Adult Education, Eastern Illinois Food Bank, Family Services, Courage Connection, Crisis Nursery, RACES, Promise Healthcare, OSF, Carle, University of Illinois Extension, Land of Lincoln Legal Assistance Foundation, Champaign County Regional Planning Commission, Shelter Plus Care, Champaign-Urbana Public Health District, The Pavilion, and UP Center.

Staff Credentials: 24-hour staffing by House Manager (Bachelor's required; Master's preferred; CADC required) with training and experience in substance use disorders and 5 Recovery Home Specialists (HS diploma required; Bachelor's preferred) with special training in Individual and Group counseling, trauma-informed care, knowledge of drugs of abuse and recovery concepts, and basic knowledge of dual diagnosis issues.

Resource Leveraging: CCMHB is the primary source of support providing 87% of funding.

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2020 contract:

- n/a

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

Recommendation: Pending

7

CCMHB 2019 Meeting Schedule

First Wednesday after the third Monday of each month--5:30 p.m.
Brookens Administrative Center
Lyle Shields Room
1776 E. Washington St., Urbana, IL (unless noted otherwise)

January 23, 2019

January 30, 2019 – SPECIAL MEETING and study session

February 20, 2019

February 27, 2019 – study session

March 20, 2019

March 27, 2019 – study session (optional, re: online review)

April 17, 2019

April 24, 2019 – study session

May 1, 2019 – TENTATIVE study session

May 15, 2019 – study session

May 22, 2019

June 19, 2019

July 17, 2019 – John Dimit Conference Room

September 18, 2019 – John Dimit Conference Room

September 25, 2019 – study session

October 23, 2019

October 30, 2019 – study session

November 20, 2019 – John Dimit Conference Room

December 18, 2019 (tentative) – John Dimit Conference Room

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

126

DRAFT

July 2018 to June 2019 Meeting Schedule with Subject and Allocation Timeline

The schedule provides dates and subject matter of meetings of the Champaign County Mental Health Board through June 2019. The subjects are not exclusive to any given meeting, as other matters requiring Board review or action may also be addressed or may replace the subject listed. Study sessions may be scheduled with potential dates listed; topics will be based on issues raised at meetings, brought by staff, or in conjunction with the Champaign County Developmental Disabilities Board. Included with meeting dates are tentative dates for steps in the funding allocation process for Program Year 2020 (July 1, 2019 – June 30, 2020) and deadlines related to current (PY2019) agency contracts.

- | | |
|---------------------|--|
| 8/31/18 | <i>Agency PY2018 Fourth Quarter and Year End Reports Due</i> |
| 9/12/18 | Study Session U of I Program Evaluation Presentation |
| 9/26/18 | Regular Board Meeting
Draft Three Year Plan 2019-2021 with FY19 Objectives |
| 10/17/18 | Regular Board Meeting
Draft Program Year 2020 (PY20) Allocation Criteria
Community Coalition Summer Initiatives Report |
| 10/24/18 | Study Session – Mental Health Crisis Services |
| 10/26/18 | <i>Agency PY2019 First Quarter Reports Due</i> |
| 10/31/18 | <i>Agency Independent Audits Due</i> |
| 11/14/18 | Regular Board Meeting
Approve Three Year Plan with One Year Objectives
Allocation Decision Support – PY20 Allocation Criteria |
| 11/28/18 | Study Session (John Dimit Room) – Housing/MI/SUD/DD |
| 12/12/18 | <i>Public Notice to be published on or before this date, giving at least 21-day notice of application period.</i> |
| 12/19/18 | Regular Board Meeting cancelled |
| 01/04/19 | <i>CCMHB/CCDDB Online System opens for Agency Registration and Applications for PY20 Funding.</i> |
| 1/23/19 | Regular Board Meeting |

Election of Officers

1/25/19 *Agency PY2019 Second Quarter Reports Due*

1/30/19 **Study Session**

2/8/19 *Agency deadline for submission of applications for PY2020 funding. Online system will not accept forms after 4:30PM.*

2/12/19 *List of Requests for PY2020 Funding assembled*

2/20/19 **Regular Board Meeting**
Assignment of Board Members to Review Proposals

2/27/19 **Study Session**

3/20/19 **Regular Board Meeting**
2018 Annual Report

3/27/19 **Study Session**

4/10/19 *Program summaries released to Board, copies posted online with CCMHB April 17, 2019 meeting agenda*

4/17/19 **Regular Board Meeting**
Program Summaries Review and Discussion

4/24/19 **Study Session**
Program Summaries Review and Discussion

4/26/19 *Agency PY2019 Third Quarter Reports Due*

5/1/19 **TENTATIVE Study Session**

5/8/19 *Allocation recommendations released to Board, copies posted online with CCMHB May 15, 2018 meeting agenda*

5/15/19 **Study Session**
Allocation Recommendations

5/22/19 **Regular Board Meeting**
Allocation Decisions
Authorize Contracts for PY2020

6/19/19 **Regular Board Meeting**
Approve FY2020 Draft Budget

6/27/19 *PY2020 Contracts completed/First Payment Authorized*

128

CCDDB 2019 Meeting Schedule

Board Meetings

8:00AM except where noted

Brookens Administrative Building

1776 East Washington Street, Urbana, IL

January 23, 2019 – Lyle Shields Room (8AM)

February 20, 2019 – Lyle Shields Room (8AM)

March 20, 2019 – Lyle Shields Room (8AM)

March 27, 2019 – Lyle Shields Room (5:30PM) – study session

April 24, 2019 – Lyle Shields Room (8AM)

May 22, 2019 – Lyle Shields Room (8AM)

June 26, 2019 – Lyle Shields Room (8AM)

July 17, 2019 – John Dimit Conference Room (8AM)

September 18, 2019 – John Dimit Conference Room (8AM)

October 23, 2019 – Lyle Shields Room (8AM)

October 30, 2019 – Lyle Shields Room (5:30PM) Joint Study Session

November 20, 2019 – John Dimit Conference Room (8AM)

December 18, 2019 – John Dimit Conference Room (8AM)

This schedule is subject to change due to unforeseen circumstances.

Please call the CCMHB/CCDDB office to confirm all meetings.

129

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING**

Minutes—March 20, 2019

DRAFT

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

DRAFT

5:30 p.m.

MEMBERS PRESENT: Susan Fowler, Judi O'Connor, Joseph Omo-Osagie, Thom Moore, Elaine Palencia, Kyle Patterson, Julian Rappaport, Jane Sprandel, Margaret White

STAFF PRESENT: Lynn Canfield, Stephanie Howard-Gallo, Shandra Summerville

OTHERS PRESENT: Juli Kartel, Rosecrance; Autumn Daniels, Courage Connection; Danielle Matthews, DSC; Rebecca Woodard, Regional Planning Commission (RPC); Abdulhakeem Salaam, First Followers (FF); Elizabeth Miner, Manasi Deshmulch, Natasha Mables, University of Illinois; Dale Morrissey, DSC

CALL TO ORDER:

Ms. Margaret White called the meeting to order at 5:30 p.m.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

APPROVAL OF AGENDA:

The agenda was in the Board packet. Board members approved the document.

DRAFT

PRESIDENT’S COMMENTS:

Margaret White thanked staff for their work. She thanked Board members who attended the Democracy in C-U program.

NEW BUSINESS:

CCMHB 2018 Annual Report:

The FY18 Annual Report was included in the Board packet for review and approval. Board members

MOTION: Dr. Fowler moved to approve the CCMHB 2018 Annual Report as presented. Ms. O’Connor seconded the motion. A voice vote was taken and the motion passed unanimously.

Liaison Update:

Margaret White requested that Board members provide their choice of assignments to the CCMHB office. Board Liaison Guidelines will be emailed to each Board members. Assignments will be made next month.

Application Review Process:

A Briefing Memorandum was included in the Board packet that provided an overview of the review process and timeline.

Amendment Report:

A Briefing Memorandum on contract amendments issued the past month was included in the packet for information only.

Update on Legislative and Policy Conferences:

A Briefing Memorandum from Lynn Canfield regarding her recent conferences was included in the Board packet for review.

Agency Information:

None.

OLD BUSINESS:

Schedules and Allocation Process Timeline:

An updated copy of the meeting schedule and allocation timeline was distributed for information only.

CCDDB INFO:

The CCDDB met earlier in the day.

APPROVAL OF MINUTES:

Minutes from the February 20, 2019 and February 27, 2019 meetings were included in the Board packet for review.

MOTION: Dr. Fowler moved to approve the meeting minutes from February 20, 2019 and February 27, 2019. Mr. Patterson seconded the motion. A voice vote was taken and the motion passed.

EXECUTIVE DIRECTOR'S COMMENTS:

Ms. Lynn Canfield provided a brief review of current activities.

STAFF REPORTS:

Staff reports from Mark Driscoll, Kim Bowdry, Shandra Summerville, Stephanie Howard-Gallo, and Chris Wilson were included in the packet for review.

FINANCIAL REPORT:

A copy of the Expenditure Approval List was included in the Board packet for action.

MOTION: Dr. Moore moved to approve the Expenditure Approval List as present in the Board packet. Ms. Sprandel seconded the motion. A voice vote was taken and the motion passed unanimously.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 6:10 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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

CHAMPAIGN COUNTY MENTAL HEALTH BOARD
and
CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES
BOARD JOINT STUDY SESSION

Minutes—March 27, 2019

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

5:30 p.m.

DRAFT

MEMBERS PRESENT: Thom Moore, Joe Omo-Osagie, William Gingold, Gail Kennedy

MEMBERS EXCUSED: Julian Rappaport, Susan Fowler, Judi O'Connor, Elaine Palencia, Kyle Patterson, Jane Sprandel, Margaret White, Cheryl Hanley Maxwell, Deb Ruesch, David Happ

STAFF PRESENT: Lynn Canfield

OTHERS PRESENT: Hannah Behm, Lindsey Defilippo, Erik Garcia, Angela Ellsion, UIC College of Nursing

CALL TO ORDER:

The study session was called the meeting to order at 5:30 p.m.

ROLL CALL:

Roll call was taken and a quorum was not present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

PRESIDENT'S COMMENTS:

None.

DRAFT

STUDY SESSION:

Online System Review:

Alex Campbell from EMK Consulting provided an introduction to navigating the CCMHB/CCDDB online system.

The meeting adjourned at 6:55 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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