



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

Wednesday, April 24, 2019
Brookens Administrative Center
Lyle Shields Room
1776 E. Washington St. Urbana, IL

5:30 p.m.

1. Call to Order
2. Roll Call
3. Public Participation/Citizen Input
4. Approval of Agenda
5. President's Comments
6. Study Session: Review of Program Summaries for System of Care, Renewal, and ID/DD applications
Board review and discussion of Program Summaries for applications submitted under the System of Care for Children, Youth, and Families priority, the Other/Renewal category, and the ID/DD Priority. Program Summaries, Table of Contents, and Glossary of Terms are in the Board packet.
7. Board Announcements
8. Adjournment

6

CCMHB AGENCY PROGRAM PY2020 APPLICATION LIST (April 24, 2019)

Agency	Program	Priority	Primary/Secondary Reader	Page
Champaign County Head Start/Early Head Start	Early Childhood Mental Health Services	SOC	White/Palencia	14-18
Champaign Urbana Area Project	TRUCE	SOC	O'Connor/Omo-Osagie	19-24
Courage Connection	Courage Connection	SOC	Rappaport/Moore	25-31
Crisis Nursery	Beyond Blue - Champaign County	SOC	Moore/Sprandel	32-36
Cunningham Childrens Home	Parenting Model Planning/Implementation	SOC	Patterson/White	37-40
Don Moyer Boys and Girls Club	CU Change	SOC	Palencia/Fowler	41-46
Don Moyer Boys and Girls Club	Community Coalition Summer Initiatives	SOC	Fowler/O'Connor	47-50
Don Moyer Boys and Girls Club	CUNC	SOC	O'Connor/Omo-Osagie	51-55
Don Moyer Boys and Girls Club	Youth and Family Services	SOC	Omo-Osagie/Rappaport	56-60
DREAAM House	DREAAM	SOC	White/Palencia	61-66
Mahomet Area Youth Club	Bulldogs Learning & Succeeding Together	SOC	O'Connor/Omo-Osagie	67-71
Mahomet Area Youth Club	MAYC Members Matter!	SOC	Omo-Osagie/Rappaport	72-76
NAMI Champaign County Illinois	NAMI Champaign Grant App	SOC	Rappaport/Moore	77-81
Rosecrance Central Illinois	Prevention	SOC	Omo-Osagie/Rappaport	82-85
The UP Center of Champaign County	Children, Youth, & Families Program	SOC	Patterson/White	86-89
Urbana Neighborhood Connections	Community Study Center	SOC	Palencia/Fowler	90-94
Family Service of Champaign County	Senior Counseling & Advocacy	Renewal	Patterson/White	95-100
Rape Advocacy, Counseling & Education Svcs	Sexual Violence Prevention Education	Renewal	Patterson/White	101-106
UCP Land of Lincoln	Vocational Training and Support	Renewal	White/Palencia	107-111
Champaign County Head Start/Early Head Start	Social Emotional Development Services	I/DD		112-115
DSC	Family Development	I/DD		116-120

2

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

SOAR - SSI/SSDI Outreach, Access, and Recovery. Assistance with completing applications for Social Security Disability and Supplemental Income, provided to homeless population

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.



Agency: Champaign County Head Start/Early Head Start MHB
Program: Early Childhood Mental Health Services

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$286,225
PY20 Total Program Budget: \$286,225
Current Year Funding (PY19): \$90,120
Proposed Change in Funding - PY19 to PY20 = 218%

Focus of Application: Mental Health
Type of Contract: Grant
Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population:

Low-income children enrolled in Champaign County Head Start/Early Head Start (CCHS) who have been identified as needing Early Childhood Mental Health Services because they:

1. score above the cut-off on the Ages and Stages Questionnaire – Social/ Emotional screening tool, or
2. have exhibited challenging behaviors that interfere with their ability to learn in a group setting.

Research across disciplines has identified the importance of preschool as a prevention. Preschool plays a role in shrinking the achievement gap as well as slowing the flow of the school to prison pipeline. Participation in preschool impacts important quality of life outcomes like maintaining employment, reducing participation in the criminal justice system, and having savings accounts. These outcomes are linked to acquiring social-emotional skills such as self-regulation, emotional literacy, empathy, and interpersonal problem solving during the developmental window between birth and 5 years. Inadequate social and emotional developmental skills can negatively impact a child's future if intervention is not established in the early stages of development. Children must learn how to: identify their feelings as well as those of others, control their own feelings and behaviors, get along with other children, and practice problem solving skills. Without these skills, children's success rate in schools and relationships is at risk.

Staff Comment: Target population is clearly defined with selection based on screening results or observed behaviors in Early Head Start/Head Start classrooms.

Scope, Location, & Frequency of Services:

Champaign County Head Start/Early Head Start (CCHS) is seeking funding to hire four Social Skills and Prevention Coaches (SSPC) to support children identified by the Social-Emotional Development Specialist (SEDS) for services. Each will receive support from an SSPC assigned. Services will consist of:

1. assisting teaching staff and parents in writing individualized social-emotional goals to include in lesson plans for children identified through screening,
2. developing with parents and teaching staff an Individual Success Plan for children who exhibit challenging behaviors,
3. offering teachers social and emotional learning strategies,
4. monitoring children's progress and outcomes, and
5. providing information to families and staff.

The SSPC responsibilities will also include facilitating meetings with a child's parent(s) and teaching staff throughout the process of the child receiving services as well as supporting parents and teaching staff with resources, training, coaching, and modeling. Adding four SSPCs will increase support young children with early, frequent, and intensive services and will reduce the length of time from assessment to engagement in services by two weeks.

Location / Frequency: The Social Skills and Prevention Coaches provide services onsite with guidance from the Social-Emotional Development Specialist. Based on each child's individual needs, the SEDS creates plans and recommends activities to increase their developmental skills. Depending on the families' needs, the services are provided in classrooms, homes, or community setting. Best practice is meeting where the families are.

Staff Comment: Scope of services is unchanged from PY19 application. PY19 was first year the of Early Childhood Mental Health Services contract. Program proposes to increase Social Skills and Prevention Coaches (SSPC) positions from 3 to 4. Each position is responsible for supporting one Head Start center, providing support to teachers, children, and parents.

Access to Services for Rural Residents:

CCHS recruits families throughout Champaign County at local libraries, elementary schools, door to door, grocery/convenience stores, town/village events, community agencies, and many other locations. CCHS has outreach at community events such as the annual Champaign County Disability Expo, Read Across America, Week of the Young Child and local school district early childhood program child-find activities. As per the Head Start Performance Standards, CCHS must maintain at least 10% of the enrollment for children with diagnosed disabilities. The program also serves children with health conditions such sickle cell anemia, asthma, and diabetes. CCHS shares information with families about the social-emotional services provided by the Social Skills and Prevention Coaches (SSPC) at parent meetings, and through brochures and the parent handbook. Further, the SSPC provide trainings that pertain to trauma informed care, social-emotional development, and strategies to reduce challenging behaviors and increase social-emotional skills. CCHS offers children and families center-based options strategically located in Champaign, Rantoul, Savoy, and Urbana. The program also offers a home-based option that provides all Head Start/Early Head Start services to families in their home and particularly meets the needs of families living in rural areas who want resources that support their child's growth and development. Another option for families working and attending school is family child care. Children enrolled in the family child care provider home collaborations, receive services including health, dental, education, and family services. Services are also provided in libraries, churches, coffee shops, etc.

Access to Services for Members of Underrepresented/Minority Populations:

CCHS conducts recruitment throughout Champaign County at libraries, elementary schools, door to door, grocery/convenience stores, community events, community agencies, among other locations. CCHS also uses its Community Assessment to focus recruitment efforts where income-eligible families reside. In addition, Head Start Staff attends and presents Head Start information at community meetings. This is a great way to reach out to providers who serve the same populations. CCHS offers center-based, home-based, and family child care home provider options to meet the needs of children and families. CCHS also collaborates with Courage Connection for housing and supportive services to individuals and families who are victims of domestic violence. Staff onsite to offer home-based services.

Staff Comment: Describes efforts of CC Head Start as a whole, not specific to this program or SSPC positions.

Residency: Total Served in PY2018 = N/A and in first half of PY2019 = 26

- Champaign Set** 7 (26.9%) for PY19
- Urbana Set** 10 (38.5%) for PY19
- Rantoul** 8 (30.8%) for PY19
- Mahomet** 0 (.0%) for PY19
- Other Champaign County** 1 (3.8%) for PY19

Demographics: Total Served in first half of PY2019 = 26

- Age**
- Ages 0-6 ----- 26 (100.0%)
- Race**
- White ----- 7 (26.9%)
- Black / AA ----- 18 (69.2%)
- Other (incl. Native American and Bi-racial) - 1 (3.8%)
- Gender**
- Male ----- 19 (73.1%)
- Female ----- 7 (26.9%)
- Ethnicity**

Of Hispanic / Latinx origin ----- 2 (7.7%)
Not of Hispanic/Latinx Origin ----- 24 (92.3%)

Program Performance Measures

CONSUMER ACCESS:

Children are eligible for services funded by this grant if they score above the cut-off on the ASQ-SE screening and/or the Social-Emotional Development Specialist (SEDS) child observation indicates the child needs additional support. Teachers refer children to the Social-Emotional Development Specialist (SEDS) within one week after screening yields an ASQ-SE score indicating eligibility for services. The SEDS will determine eligibility and will work closely with the SSPC's who are assigned to the child's site. CCHS shares information with families about the social-emotional services provided by the Social-Emotional Development Specialist (SEDS) at parent meetings, and through brochures and the parent handbook. Further, the SEDS provides parent education trainings that pertain to trauma informed care, social-emotional development, and strategies to reduce challenging behaviors and increase social-emotional skills.

Within 14 days from referral, 95% of those referred will be assessed.

Within 1 days of assessment, 95% of those assessed will engage in services.

People will engage in services, on average, for 9 months (services by the Social Skills and Prevention Coach).

Additional Demographic Data: information about a family's structure, income, language, education, employment, military status, marital status, and housing status such as homeowner, renter, or homeless.

Staff Comment: A child's eligibility for services is based on screening or direct observation with final determination by the Social-Emotional Development Specialist position funded under separate contract.

CONSUMER OUTCOMES:

1. Children with treatment plan served by the SSPC will have a reduction in frequency and duration of challenging behavior.
2. Children served by the SSPC will demonstrate improvement in social skills related to resilience such as:
 - a. Self-Regulation
 - b. Initiative
 - c. Relationship building/Friendship skills
 - d. Emotional Literacy
 - e. Problem-Solving

Measured by:

1. Data on challenging behavior is collected in a variety of ways. We document antecedent-behavior-consequence, duration, and frequency of behavior on behavior collection charts.
2. Pre and post resilience related social skills are assessed using the Ages and Stages Questionnaire: Social-Emotional and the DECA-P2 and DECA I/T. Throughout the school year, documentation is collected by teachers in teaching strategies GOLD regarding social emotional skills and evaluated during fall, winter, and spring checkpoints.

Outcome gathered from all participants? Yes.

Anticipate 70 total participants for the year.

Will collect outcome information as: ASQ:SE completed in fall and spring, GOLD assessments in fall, winter, spring, summer, and DECA Assessments in fall and spring.

Is there a target or benchmark level for program services? Yes. Through the GOLD Outcomes Assessment, CCHS sets a program goal that at least 90% of the Head Start children who age out of the program are developmentally, socially, emotionally and health ready for Kindergarten. At least 85% of all enrolled children will make age-appropriate progress in social-emotional development. For children remaining in the program, 50% who receive services for the full period of engagement (9 or 12 months depending on the child's enrollment option) will not require a continuation of services.

Estimated level of change for this outcome: Each child enters our classrooms at different developmental stages with different skills and areas of need, making rate of change estimation difficult. We evaluate changes overtime using two tools. First, data is collected for all enrolled students at three checkpoints over the course of the school year using teaching strategies GOLD, these evaluations determine if their current demonstration of skills is below, matches, or exceeds the "widely held standards" of social-emotional development. Second, students receiving services are evaluated using the DECA. Using a pre and post assessment schedule, we identify clinically meaningful improvement using the normed pretest-posttest comparison table.

Staff Comment: Consumer outcomes, measurement tools and frequency administered, and performance targets are clearly articulated. In addition, program identifies a target for children served making sufficient progress as not to continue needing program services after one year.

UTILIZATION:

Treatment Plan Clients (TPCs): 50 - children who had high ASQ:SE scores and require follow-up screenings, treatment, parent and teacher consultation, child and family focus group meetings, targeted friendship groups, and transition support.

Non-Treatment Plan Clients (NTPCs): 80 - children who had typical ASQ:SE screenings and needed transition, child and family focus group meetings, and non-targeted friendship groups.

Service Contacts (SCs): 1800 - parent trainings and groups, Practice Based Coaching with education staff, Family Site Meetings, Teaching Pyramid Observation Tool (TPOT), The Pyramid Infant-Toddler Observation Scale (TPITOS), and pre and post ASQ:SE screenings.

Community Service Events (CSEs): 5 events including community collaboration meetings and forums.

Other: 50 - mass screening events, staff training, Social-Emotional information for teachers to add to parent newsletters.
Staff Comments: Establishes client specific targets (TPC, NTPC) for PY20 and adjusted other targets based on six-months' data. Setting targets for # of children served provides a means for measuring engagement not present in the PY19 proposal.

PY20 Annual target (per Utilization Form)

	TPC	NTPC	SC	CSE	OTHER
Annual Target	50	80	1800	5	50
From submitted quarterly Service Activity reports:					
PY19 Mid-Year Total	26	78	940	3	5
Annual Target	0	0	400	3	12

Financial Analysis

PY20 CCMHB Funding Request: \$286,225

PY20 Total Program Budget: \$286,225

Current Year Funding (PY19): \$90,120

Proposed Change in Funding - PY19 to PY20 = 217.6%

PY19 request was for \$135,179, the first year of this program.

CCMHB request is for 100% of total program revenue.

Expenses: Personnel related costs of \$216,348 are the primary expense charged to CCMHB at 76% of \$286,225. Other expenses are: Consumables \$1,000 (0%); Occupancy \$66,217 (23%); Conferences/Staff Development \$2,000 (1%); and Local Transportation \$660 (0%).

Staff Comment: Total Agency, Total Program, and CCMHB budgets are all balanced. The indirect cost allocation approach is approved by GATA: 45% on 85% of salaries, for benefit time and staff related overhead, is recorded under Occupancy expense line. CCRPC- Community Services uses 45% on 100% of salaries, per Illinois DCEO approved rate.

Program Staff - CCMHB Funds: 0.0 FTE Indirect and 4.11 FTE Direct. Total CCMHB = 4.11 FTEs.

Total Program Staff: 0.0 FTE Indirect and 4.11 FTE Direct. Total Program = 4.11 FTEs.

Staff Comment: For PY19, three FTEs were funded by the Board. For PY20, this increases to 4.11 FTEs. In addition to adding one fulltime SSPC position and 11% of the Child Development Manager, salaries paid to the positions is significantly higher than budgeted for PY19. As the sole funder, all program expenses are charged to CCMHB.

Audit Findings: N/A – not funded in PY18. Audit for PY2019 will be included with Champaign County Audit; requirement will continue for PY20, if 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

Priority: System of Care for Children, Youth, Families: Program serves young children, assisting parents and Head Start classroom teachers with plans and skills to promote social emotional development and address challenging

behaviors, and monitor child progress in these areas; program staff attend Champaign Community Coalition and CU Trauma and Resiliency meetings.

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

The CLC Plan for Champaign County Regional Planning Commission/Head Start-Early Head Start matched the actions with National (Culturally and Linguistic Appropriate Services) CLAS Standards and the updated format that was outlined in the application. CCHS-EHS has a clear strategy of engagement for underrepresented or marginalized communities and rural communities outside of meetings and web presence. In the application there is interagency collaboration to ensure access and cross system collaboration for the targeted populations. All staff employed by CCRPC- Community Services and CC Head Start receive cultural and linguistic competence organizational assessment survey annually. CCRPC and CCHS-EHS combined their CLC Plan to ensure that there was continuity in both departments. Since CCRPC Programs have so many different target populations, engagement for each program is unique and must be planned intentionally.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *Program serves low-income families with young children enrolled in Head Start. Narrative on this topic was not specific to the program but Head Start services in general.*

Inclusion and Anti-Stigma: *Not a specific focus of the application, which gives an overview of efforts undertaken by Head Start as a whole. Least restrictive environment is mentioned (and elaborated in rural access section), which is an inclusive practice; specific training focus on inclusion also identified.*

Outcomes: *Consumer outcome section is well done. Utilization section has added specific targets on children to be served that were not present last year.*

Coordinated System: *Other early childhood programs and early intervention services are identified. Head Start coordinates services with these other providers/systems. Relationship to the ECMHS program activities in Head Start centers is not explained. Reference is made to the Social-Emotional Development Specialist coordinating with these other providers but is activity associated with a position funded under a separate proposal.*

Budget and Program Connectedness: *Budget narrative provides adequate explanation of expenditures and revenue sources and personnel. Specific to this proposal is a significant increase in amount of funding requested to support an additional 1.11 FTE plus the three existing positions. Salaries increase by a third from PY19 to PY20.*

Technical Criteria

Approach/Methods/Innovation: *Application references various models and tools used by Head Start in general and those used within the program. Other opportunities for consultation with peers in the field and research on child development are cited. Links to webpages for each resource is provided.*

Evidence of Collaboration: *Head Start has written working agreements with various providers and school districts involved in the early intervention/early childhood system of care.*

Staff Credentials: *SSPC position requires a Bachelors' degree. Section provides detail on the education and work experience of three current SSPCs.*

Resource Leveraging: *The CCMHB is listed as the sole source of support for the program; increases in program expenses, changes in staffing patterns, indirect cost rate are borne by the CCMHB. Other Pay Sources: Yes. CCHS seeks assistance from community providers who accept Medicaid prior to using the Developmental Disabilities and Mental Health grant 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:*

- some supervision related to this contract is charged to a DD contract (role of the Social Emotional Development Specialist) which may be more properly attributed here, as a mental health related service.

- 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 Urbana Area Project / Program: TRUCE

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$75,244
PY20 Total Program Budget: \$75,244
Current Year Funding (PY19): \$50,000
Proposed Change in Funding - PY19 to PY20 = 50 %

Focus of Application: Mental Health
Type of Contract: Grant
Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population:

TRUCE's target population aligns with the Champaign County Coalition's targeted population and priority area to address Community Violence. TRUCE's will target Juvenile to Young Adults ages 15-26. According to the National Institute of Justice continuity of offending from juvenile into the adult years is higher for people who start offending at an early age, chronic delinquents, and violent offenders. In the past four years the number of homicides and shootings in this age range in Champaign County has reached epidemic proportion. *Staff Comment: Population to be served is unchanged from PY19.*

Scope, Location, & Frequency of Services:

TRUCE Peaceseekers (PS) continues to have a commitment to interrupting the spread of violence in Champaign County and primarily in the cities of Champaign and Urbana. TRUCE Peace Seekers are Violence Interrupters. They are uniquely trained to stop the shootings on the front end. Our work will involve interrupting the spread of gun violence, reducing the risk of those at high risk of committing gun violence, and changing community norms. Other collaborations: TRUCE PS is also committed to reserving peace, restoring harm, and holding offenders accountable for their actions. TPS will seek to conduct a maximum of two bi-annual Community Peace Circles to be held at a location near the "hot spots." TRUCE will not give up on its effort to pilot a Community Restorative Neighborhood Board (CRNB). The goals of the CRNB would be, to promote citizens ownership of the RJ system by involving them in the RJ process, providing opportunities for offenders to take personal responsibility and to be held directly accountable for the harm they caused to victims and communities, and the CRNB will generate meaningful "community driven" consequences for criminal actions that can reduce a costly reliance on formal criminal processing. TRUCE PS will continue to serve as a member on the Community Coalition Gun Violence Subcommittee to assist with the strategic planning of best practices to prevent/reduce gun violence. TRUCE staff will also continue to collaborate with CU Fresh Start, serve as a member of the CU Fresh Start MDT Steering Committee, work with victims of gun violence, make referral for victim impact panelists, and potentially serve as mentor to CU Fresh Start Participants. Location / Frequency: TRUCE deploys Violence Interrupters whenever notified about potential violence. Pro-active in schools, community/recreational centers, in the street. After shooting: hospitals or homes. Follow-up: homes, on the street, in schools, institutions, agencies. Deploy in Champaign-Urbana. In 2018: over 120 shooting incidents. Deployed Interrupters 8 times to shootings.

Staff Comment: Service description lacks specificity as to TRUCE Peace Seekers (TPS) activity to be undertaken in the community. What is stated is a commitment by TPS to work to reduce violence. Two bi-annual events will be held. Effort will be made to establish a Community Restorative Neighborhood Board. TPS are in schools and the community to prevent violence and provide support to effected neighborhoods after gun violence incidents.

Access to Services for Rural Residents:

TRUCE serves Champaign-Urbana and Rantoul. TRUCE's priority program service area is the urban communities in Champaign-Urbana where the data and evidence indicates high level of trauma and violence, specifically gun violence. Rural residents will have access to services and communication through the county-wide anti-violence and public education outreach campaigns.

Access to Services for Members of Underrepresented/Minority Populations:

CUAP's mission is to serve minority populations, low-income and underserved communities through direct services, community organizing, advocacy, education and implementation:

CUAP has a history of engaging residents through our work with the Garden Hills Neighborhood Association, North End Douglas Park, Beardsley Park, and the Silver/Vawter residents. Block parties, round tables, and summits. They will be engaged in work on the streets, in people’s homes, community spaces/business and other ‘natural spaces.’ Using the data provided by Champaign Police Department, community members, social media, and their existing social networks. Peace Seekers and volunteers are recruited from the communities we serve. TRUCE Peace Seekers will concentrate their work in the focus areas of Garden Hills, Beardsley Park Neighborhood, North End, and East Urbana neighborhoods. They will be engaged in work on the streets, in people’s homes, community spaces/business and other ‘natural spaces.’ Using the data provided by Champaign Police Department, community members, social media, and their existing social networks.

Staff Comment: Agency has clear commitment to and history of engaging underrepresented/minority populations that continues through this program. The issue of gun violence impacts primarily Champaign and Urbana. Engaging rural areas in services is not a focus of the program although rural residents may benefit from some of the community education activities.

Residency: Total Served in PY2018 = 16 and in first half of PY2019 = 17

Champaign Set	10 (62.5%) for PY18	11 (64.7%) for PY19
Urbana Set	4 (25.0%) for PY18	6 (35.3%) for PY19
Rantoul	0 (.0%) for PY18	0 (.0%) for PY19
Mahomet	0 (.0%) for PY18	0 (.0%) for PY19
Other Champaign County	2 (12.5%) for PY18	0 (.0%) for PY19

Demographics: Total Served in PY2018 = 16

Age	
Ages 13-18 -----	3 (18.8%)
Ages 19-59 -----	11 (68.8%)
Ages 60-75+ -----	2 (12.5%)
Race	
White -----	1 (6.3%)
Black / AA -----	15 (93.8%)
Gender	
Male -----	11 (68.8%)
Female -----	5 (31.3%)
Ethnicity	
Not of Hispanic/Latinx Origin -----	6 (37.5%)
Not Available Qty -----	10 (62.5%)

Program Performance Measures

CONSUMER ACCESS:

Individuals involved in TRUCE will meet at least four of a list of client criteria.

- Ideally, 15-26 years of age
- Individual who is at high risk of “being shot or being a shooter” in the immediate future
- Have a prior history of offending and arrests
- Individual considered a member of a gang or gang involvement
- Have been in prison or jail for violence
- Involved in “high risk street activity,” which in practice means involvement in street drug activity
- School Drop outs - High School Education/GED

Determination is generally selected from our client criteria list. However, clients will self report and we will accept referrals from our partner agencies who work with the same population (i.e. community coalition).

Through mainstream media, word of mouth, our social media sites, public ad campaigns, flyers, educational and speaking opportunities, and through our annual trainings.

Within 2 days from referral, 90% 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: Varies by complexity. Immediate 48 hours: street, hospital, family.

Follow-up 3 -12 months. Referral services 1 year +.

Additional Demographic Data: Where a shooting occurred, time it occurred. Did we have a relationship with the people involved? How? Who? What neighborhood did the shooting occur? What was the cause of the shooting?

Staff Comment: Eligibility criteria for targeted engagement is identified with eligibility determined based on self-report or referral from community partner. Length of engagement is conditioned on need. Missing information in the services section on how the TPS function makes it difficult to evaluate outcomes.

CONSUMER OUTCOMES:

Changing community norms will have an impact on consumer outcomes. We learned the feelings of safety between the communities and law enforcement rated relatively low, but higher among the communities member in the daytime, both groups rated safety while performing nighttime activities between 24.42% - 44.81%. The overall results of the survey indicated that TRUCE Peace seekers would have to work harder to improve consumer confidence in law enforcement, improve relationships, and change community norms and how they react and respond to violence. CUAP is a member of the Multi-disciplinary Team (MDT) which used a purposive sampling methodology, the research partner conducted in-person surveys in 12 neighborhoods with approximately 14,000 households across Champaign and Urbana in the targeted neighborhoods. Data was collected from 717 individuals who lived, worked, or attended activities in the selected neighborhoods. The surveyed were conducted between July 17 and August 17, 2017. In addition, data was collected from 117 patrol officers and sergeants from the Champaign and Urbana PD. The Results of the survey that held the most interest for TRUCE was the communities' perceptions of shootings, willingness to partner with police, and perceptions of whether the police act in a procedural and in a just way.

Impact on Community Norms Regarding Gun Violence

To measure the impact of the Truce community mobilization campaign, CUAP staff and research team will conduct anonymous pre/post surveys to measure the change in:

- a. Understanding and the effects of trauma.
- b. Involvement/enrollment in positive activities in community.
- c. Incidences of bullying and increase in conflict resolutions (restorative justice) training/peer mediation services.
- d. Number of youth going to JDC.
- e. The invitation to engage police/community activities.
- f. The calls to crime stoppers.
- g. Parent engagement.
- h. Parents' knowledge of trauma and violence.

B. Street Outreach

1. Participants' demographics.
2. Low – High risk characteristics
3. Number of referrals by most common categories.
4. Incidences/level of poverty.
5. Acts of fighting/physical intimidation.
6. Other indicators of distress.

B. Street Conflict Mediation

1. Number of conflicts mediated each month.
2. Outcomes of conflict resolution: Resolved, temporarily resolved, ongoing, unknown.

Overall impact on gun violence: Staff will work with MDT to obtain pertinent information on violent crimes in the target neighborhoods for pre/post surveys.

Outcome gathered from all participants? Yes.

Anticipate 75 total participants for the year.

Will collect outcome information: Pre-and Post surveys will be done bi-annually from our trainings. Annual outcome information will be collected.

Is there a target or benchmark level for program services? Yes. Our target is to reduce gun violence in our targeted communities by 25%.

Estimated level of change for this outcome: Target to increase the number of public education efforts by 25% and by 10% of public reporting if they see something, they say something.

Staff Comment: Research results based on Community Coalition study as part of a grant from the Illinois Criminal Justice Information Authority. Consumer outcomes are same as last year and some extend to earlier years. Method of evaluation, benchmark/performance target, and projected level of change are identified and appear to measure the impact of the two bi-annual Community Peace Circles.

UTILIZATION:

Non-Treatment Plan Clients (NTPCs): 16 - Due to the nature of our work in gun violence individuals are dealing with high levels of stress and trauma. On occasion, our Peace Seekers because of the trust and relationship may be engaged in a considerable amount of outreach with a client, and although referral of services are offered the participant may never commit to additional services, even though a substantial amount of time was spent engaging the client.

Service Contacts (SCs): 125 - This year TRUCE has trained more Peace Seekers which will increase the number of face to face contacts over this next year. Peace seekers often have to mediate conflicts and address potential crisis. These activities will be reported as service contacts.

Community Service Events (CSEs): 190 - Peace Seekers and staff will attend regular scheduled monthly meetings, annual trainings, and community partnership events. TRUCE outreach workers sit on panels, speak in classrooms, and respond to social and media events that relates to community violence.

Other: 25 - When Peace seekers respond to shootings, they also are deployed to parties, and other events. This proactive work will be reported here.

Staff Comment: New for PY20 is the NTPC target directly tied to TPS engagement with youth/young adults. The eligibility criteria included in the Access Outcomes section defines NTPCs. Contacts with NTPCs will be reported as screening contacts. CSEs reflect community outreach and education activities as well as participation in meetings with community partners. The Other category has been redefined for PY20 – it now tracks TPS response to incidents of violence and activities in at-risk neighborhoods.

PY20 Annual targets (per Utilization Form)

	NTPC	SC	CSE	OTHER
Annual Target	16	125	190	25
From submitted quarterly Service Activity reports:				
PY19 Mid-Year Total	17	49	6	
PY19 Target	0	20	48	12
PY18 Full-Year Total	3	12	88	3
PY18 Target	0	60	63	50

Financial Analysis

PY20 CCMHB Funding Request: \$75,244

PY20 Total Program Budget: \$75,244

Current Year Funding (PY19): \$50,000

Proposed Change in Funding - PY19 to PY20 = 50.5%

PY19 request was for \$122,833

PY18 request was for \$167,295 and award \$75,000

PY17 request was for \$173,334 and award \$75,000

CCMHB request is for 100% of total program revenue.

Expenses: Personnel related costs of \$45,236 are the primary expense charged to CCMHB at 60% of \$75,244. Other expenses are: Professional Fees/Consultants \$6,600 (9%); Consumables \$1,400 (2%); General Operating \$1,400 (2%); Occupancy \$4,788 (6%); Conferences/Staff Development \$3,500 (5%); Specific Assistance \$2,000 (3%); and Lease/Rental \$10,320 (14%).

Staff Comment: Total Agency Budget shows a surplus of \$772. Total Program and CCMHB budgets are balanced. 100% of agency expenses associated with Professional Fees/Consultants, Occupancy, and Lease/Rental expense lines are charged

to the CCMHB. Some percentage of these expenses should be charged to other funding/contracts supporting the agency. Conferences line supports cost for the two Community peace Circles and training of TPS. Specific assistance is to pay stipends to TPS – see next comment for more on this expense.

Program Staff - CCMHB Funds: 0.0 FTE Indirect and 1.0 FTE Direct. Total CCMHB = 1.00 FTEs.

Total Program Staff: 0.0 FTE Indirect and 1.0 FTE Direct. Total Program = 1.00 FTEs.

Staff Comment: Executive Director is the fulltime staff assigned to the program. However, Budget Narrative describes range of agency administrative duties associated with this position. Such activities are an Indirect Staff function and should be spread across all sources of support for the agency. Budget Narrative describes a TPS Outreach Manager, not listed as a personnel position, to be paid from Specific Assistance expense line, who is responsible for supervising the work of 4 TPS.

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

Priority: System of Care for Children, Youth, Families: Program is associated with broader efforts of the Champaign Community Coalition. TRUCE activities are focused on reducing gun violence in Champaign and Urbana.

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

Champaign Urbana Area Project has a history of engaging residents in the Garden Hills Neighborhood Association, North End Douglas Park, Beardsley Park, and the Silver/Vawter residents, through block parties, round tables, and summits, etc. Peace Seekers and volunteers are recruited from the communities they serve. CUAP Collaborates with CU Public Health District, Champaign Unit 4 School District, CU Trauma and Resiliency Initiative (formerly CU Neighborhood Champions), Dream Girls. The CLC Plan that was submitted on behalf of CUAP was not completed with all of the actions that matched the National CLAS Standards. The only action that was addressed was that the Board's annual appraisal of the Executive Director will include CLCP compliance. Board members will receive an average of 4 hours of cultural competency training annually. Additional technical assistance and support will be recommended if the organization will be recommended for funding. The current CLC Plan for FY 2019 is up to date with the requirements and follows the recommended guidelines.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: The focus of this application is in violence prevention and response, driven by gun violence in the most populous areas of the county. Program does not target rural areas.

Inclusion and Anti-Stigma: Response provided does directly address inclusion or reducing stigma. That the agency was not able to link efforts to reduce violence to the criteria is not considered a deficiency of the program. The criteria simply do not apply here.

Outcomes: Consumer outcomes are unchanged from prior applications. Outcome evaluation appears focused on two community events. Access outcome clearly defines eligibility criteria associated TPS interventions with youth/young adults now to be reported as NTPCs.

Coordinated System: CUAP response speaks to unique aspects of the work TPS is involved in and community engagement and training it provides. Coordination occurs with other systems and providers as appropriate to the community/neighborhoods or person/family TPS is working with at the time.

Budget and Program Connectedness: Budget narrative includes adequate descriptions of expenditures and personnel, but amount requested is not correctly listed. Some total agency expenses appear to be borne entirely by the CCMHB rather than allocated across all sources of agency funding. CCMHB funded staff position duties do not entirely align with program services. Pay source and classification of TPS Outreach Manager needs to be revisited.

Technical Criteria

Approach/Methods/Innovation: Research on interrupting violence and on the use of street conflict mediation is referenced. Links to sources provided.

Evidence of Collaboration: *Written agreements with select number of social service providers is provided. Unit 4 School district is listed but not Urbana School District. Omitted is CUAP participation in the Community Coalition.*

Staff Credentials: *Qualifications associated with work experience, education, certifications, and training is provided for Executive Director and lead TPS position.*

Resource Leveraging: *No, CCMHB continues to be the sole source of support. Given the severity of gun violence in Champaign and Urbana and the lack of other interventions targeting residents of effected neighborhoods, city staff and officials are closely involved in this work, which would be greatly enhanced by additional local 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:

- *Financial Forms need to be corrected, examples include:*
 - o *Personnel form needs to be revised to appropriately classify staff positions based on duties*
 - o *Expense form needs to reallocate Benefits, Professional Fees/Consultant, Occupancy, Rental (and possibly salary and payroll tax) expense lines across all sources of agency revenue.*
 - o *Revenue form needs to be revised so that Total Agency and Total Program columns match.*
 - o *Budget narrative contains error in revenue description.*

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: Courage Connection / Program: Courage Connection

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$127,000
PY20 Total Program Budget: \$1,276,349
Current Year Funding (PY19): \$127,000
Proposed Change in Funding - PY19 to PY20 = 0 %

Focus of Application: Mental Health
Type of Contract: Grant
Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population:

The target populations for this program are victims of domestic violence and their children. Courage Connection serves domestic violence survivors in Champaign, Douglas, Ford, and Piatt counties with priority given to residents of Champaign County. Many of these individuals, as a result of fleeing the abuse, are also homeless. Victims are defined by the Illinois Domestic Violence Act as: any person abused by a family member or household member; any high-risk adult with disabilities who is abused, neglected, or exploited by a family or household member; any minor child or dependent adult in the care of such person; and any person residing or employed at a private home or public shelter which is housing an abused family or household member (750 ILCS 60/201). The only eligibility criterion for emergency shelter is that individuals are fleeing domestic violence. All other services are available to victims of domestic violence; this information is self-reported at intake. Instances of domestic violence are pervasive; the Champaign, Urbana, and Rantoul Police Departments report that domestic violence is their most frequent call. The Champaign Police Department averages about 1500 calls per year in the last three years. This number represents only the domestic violence that is reported.

Staff Comment: There is no change to the population served. Agency serves specific statutorily defined population. High volume of police contacts for domestic violence is indicator of need for services.

Scope, Location ,& Frequency of Services:

- Information, referral, safety planning, and crisis intervention through a 24-hour domestic violence hotline
- Emergency Shelter for victims fleeing a domestic violence situation
- Transitional Housing for domestic violence survivors
- Individual and family domestic violence counseling and therapy
- Advocacy-based support services
- Legal Advocacy
- Retail Employment Training (conducted in our store "Connections", this training allows trainees to learn job skills in an actual store, with a special focus on individuals whose criminal background may preclude employment)
- Children's Programming
- Groups (Domestic Violence Education Groups, Parenting Groups, Economic Empowerment Groups, Friends & Family Support Group, and others).

Courage Connection serves Champaign, Douglas, Piatt, and Ford Counties, with priority given to those living in Champaign County. Demographic information is gathered during the intake assessment, which is completed with all clients who receive services through Courage Connection. All client information is entered into the state-wide victim service provider database, InfoNet. CCMHB funds a portion of all of the above services, as they are interconnected and designed to be flexible so they can be shaped to fit the unique needs of each client. Clients complete a service plan to identify goals they want to achieve while receiving our services. This is done in accordance with Courage Connection's primary function of providing services that empower clients to regain control of their lives and live independently of abuse. Location / Frequency: Courage Connection carries out its services and programming at one of our transitional

housing locations, the emergency shelter, or the "Connections" store (job skills and retail employment training). The 24/7 hotline is available at all times to any person who is affected by domestic violence. Emergency shelter is offered to any person fleeing domestic violence. Transitional housing is offered as needed and based on availability. Counseling, therapy, and advocacy services are available depending on the needs of the client; this can vary significantly, from multiple times per week to twice a month or less.

Staff Comment: Scope of services remains the same as PY19. CCMHB funds support to some degree all services offered. Location and frequency of services identified.

Access to Services for Rural Residents:

A Rural Court Advocate provides services to rural clients such as legal advocacy, accompaniment of clients to court hearings, and referral of clients to appropriate agencies for necessary services. Counseling services are available at our satellite Rantoul location. The creation of a specialized rural advocate position is part of our agency's effort to prioritize inclusion and access to our services for rural clients. The position reflects our commitment to ensure that we are actively reaching out to engage rural areas in order to improve the quality of services related to domestic violence that are offered in those communities. Our 24/7 domestic violence hotline is also available, which can include safety planning, crisis intervention, and information/referrals. We provide taxis and bus service for victims fleeing a domestic violence situation to our shelter. Staff distribute brochures and agency information to sister agencies and community groups in rural areas that we support. A Rural Court Advocate provides on-site services for rural residents in Champaign, Douglas, Ford, and Piatt counties via on-site court house assistance or through our Rantoul satellite location. Referrals for all our services are also available through this advocate, and our counseling services are also provided at the Rantoul site.

Access to Services for Members of Underrepresented/Minority Populations:

Our primary efforts in this area are our Rural Court Advocate and Bi-Lingual Advocate positions; they provide emotional support and education to domestic violence victims who are rural residents or Spanish speakers, respectively. These programs actively seek ways to address the barriers that rural and Spanish-speaking victims face in seeking support, while working to increase access to services and facilitate empowerment of individuals to live independently and free from abuse. Language can be a barrier to receiving services because of the inability of an agency to communicate in the client's native language, while location can also prevent access due to lack of presence of service agencies in rural areas. These advocates provide OP information, assistance, support, or translation in the courthouse, as well as one on one case management, advocacy, and life skills training. They provide assistance to victims who are Spanish-speaking immigrants and/or having issues with legal status, often offering referrals to other community partners. The program includes focused support groups where victims who are Spanish speakers can meet with one another. There is significant community outreach; advocates work to inform law enforcement, judges, and communities about Courage Connection's services to encourage referrals in/from these underserved areas. The Rural Court Advocate travels extensively to rural communities in the Champaign, Douglas, Ford, and Piatt counties to meet with clients via court house visits or in our Rantoul satellite location. Assistance with OPs, translation, or support in other court-related proceedings is carried out at county courthouses. The Bi-Lingual Advocate offers case-management services, advocacy, and other support services at our emergency shelter or transitional housing location. Advocates work with flexibility to accommodate the needs of clients, often meeting where is most convenient for the client and at their request.

Staff Comment: Rural residents may access services through different means. Program has presence in Rantoul for both court advocacy and counseling. How often staff are present is not indicated. DV hotline operates 24/7. Transportation to shelter is offered. Underrepresented populations specifically addressed in response are services to Spanish speaking victims. Outreach and engagement with criminal justice system partners is also mentioned.

Residency: Total Served in PY2018 = 551 and in first half of PY2019 = 286

Champaign Set	288 (52.3%) for PY18	140 (49.0%) for PY19
Urbana Set	142 (25.8%) for PY18	80 (28.0%) for PY19
Rantoul	47 (8.5%) for PY18	23 (8.0%) for PY19
Mahomet	31 (5.6%) for PY18	12 (4.2%) for PY19
Other Champaign County	43 (7.8%) for PY18	31 (10.8%) for PY19

Demographics: Total Served in PY2018 = 551

Age

Ages 0-6 -----	95 (17.2%)
Ages 7-12 -----	28 (5.1%)
Ages 13-18 -----	17 (3.1%)
Ages 19-59 -----	396 (71.9%)
Ages 60-75+ -----	15 (2.7%)

Race

White -----	290 (52.6%)
Black / AA -----	225 (40.8%)
Asian / PI -----	7 (1.3%)
Other (incl. Native American and Bi-racial) -----	26 (4.7%)
Not Available Qty -----	3 (.5%)

Gender

Male -----	69 (12.5%)
Female -----	481 (87.3%)
Other (may include non-binary and non-conforming people) -----	(.2%)

Ethnicity

Of Hispanic / Latinx origin -----	55 (10.0%)
Not of Hispanic/Latinx Origin -----	496 (90.0%)

Program Performance Measures

CONSUMER ACCESS:

Any person who is a victim of domestic violence or fleeing from domestic violence is eligible for our services. Others who are impacted by domestic violence (such as family members) may be eligible. Services do not have a maximum length, with the exception of residential services. Emergency shelter is a maximum of 45 days, and transitional shelter is a maximum of one year. There is the ability to extend to ensure discharge to a safe location. There are no limits to how often an individual or family can utilize either shelter. Eligibility is based upon self-report of domestic violence, as required by best practice and the accreditation from the Illinois Coalition Against Domestic Violence (ICADV). Individuals who are interested in accessing services do so through walk-in or by contacting our 24/7 domestic violence hotline. Through our hotline they have access to on-staff multi-lingual Domestic Violence-trained employees, interpretation services, and can receive/make calls through services for the hard-of-hearing. Some clients are referred by one of our partner organizations in the Champaign community. Our agency conducts a number of community education service events in an effort to increase understanding about domestic violence and possible responses. These include professional trainings, public trainings with community organizations, reaching out to law enforcement and judges, and presentations in schools.

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, on average, for: varies significantly by the specific service used and the needs of the client: 1 day to years.

Additional Demographic Data: Languages Spoken, to ensure translation can be provided or a multi-lingual client advocate can be assigned when necessary. Veteran Status, Sexual Orientation, Noncash Benefits/Health Insurance, physical/mental health needs, and any other unique needs. Pregnancy Status is requested during intakes so that safety and comprehensive care can be provided. Client and service data are entered on a daily basis into InfoNet and are reviewed quarterly by IDHS and ICADV. To the degree possible, measurement will be reported on Champaign County residents only. Champaign County accounts for approximately 90% of clients served.

Staff Comment: Means of access and eligibility for services is clearly stated. Maximum of length of stay for residential services is identified. Access to services appears immediate as 100% of referred clients are immediately assessed and 95% immediately engage. That 100% of those referred receive services may reflect 5% not immediately engaging does so later. Or there is simply a discrepancy between the percentages.

CONSUMER OUTCOMES:

Ensuring survivors of domestic violence achieve an improved sense of safety and self-empowerment as a result of receiving services from our programs is the primary goal of our services. This is achieved by providing the survivors with tools and education to ensure they are able to live independently, as well as skills and confidence to prevent a return to a

dangerous situation (or a more rapid removal from one). At a community level, we aim to increase understanding around domestic violence, as well as inform how to best assist victims. This is best achieved through targeted education of the general public, professional institutions (such as police or hospitals), and accurate media representations. (Education to stop abusers' behavior is also critical, but cannot be provided by Courage Connection as a direct service; assisting both victims and abusers would represent a significant conflict. Staff who provide community education, however, are provided the opportunity to have Partner Abuse Intervention Program training to facilitate prevention among youth.)

For ensuring survivors achieve an improved sense of safety and self-empowerment, we will measure the degree to which residential clients discharge into improved, safer environments. Based on exit data, we will measure "Reason for Leaving", using the categories "Completed program", "Left for housing opportunity before completing program", and "Needs could not be met by project" as positive indicators of an improved, safer environment. (The latter category because this represents a referral to a living environment that better suits the client's immediate and/or most pressing needs. Other categories include discharges such as rule violations or unknown destinations.) We expect 60% positive discharge indicators.

To measure a survivor's skills and confidence to move to a more positive situation (or a more rapid removal from a dangerous one), we will use survey responses generated by IDHS and the Illinois Coalition Against Domestic Violence (ICADV) as recorded in InfoNet. Survey questions asked are in accordance with IDHS and ICADV standards, and vary slightly depending on the service. We endeavor to ensure that 75% of eligible surveys will be administered, when not including Legal Advocacy. (We do collect surveys for Legal Advocacy, but the often singular nature of this service, often provided exclusively in court, makes administering the survey particularly challenging, and often irrelevant given the brief nature of the service.) Surveys are not administered to small children who do not have the capacity to answer these questions. For most services, the survey is administered at or near the end of the service. For more ongoing services, such as Counseling, the survey is administered at least yearly.

We expect 90% of survey responses to be positive, reflecting an improved understanding of safety planning, community resources, legal rights, the effects of abuse, and improved sense of safety and knowledge that abuse is not their fault. As any particular service drops below 90%, we review service provision accordingly to explore potential improvements or to identify reasonable explanations for the lower score.

The above survey is required by ICADV and IDHS. We intend to have implemented a longitudinal (i.e. post-service) evaluation tool sometime within FY20 to provide improved measurements for funders, the collection of which does not risk the safety of those we serve. This is a major barrier to utilizing traditional tools with this population. We only use evaluation tools that ensure the safety of our clients.

Our public education goals will be accounted for under the Utilization/Production Report.

Outcome gathered from all participants? Yes.

Anticipate 700 total participants for the year.

Will collect outcome information through exit interviews and ongoing documentation during client services.

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

Estimated level of change for this outcome is: The primary goal of our services is increased safety as it is self-defined by the client. This can be measured by # of OPs granted or departures to "positive" locations for clients. However, returning autonomy and control to victims who have had it systemically removed is the ultimate goal and only effective and ethical way to re-empower victims.

Staff Comment: Instructions were not followed on how to structure narrative response, i.e., numbered outcomes and associated measures. Section needs to be reformatted. Content is virtually identical to PY19 outcome narrative. Program uses a state survey and reporting system to collect the data. Clients complete the survey as services are coming to a close or at least annually. Program projects 75% survey completion rate with 90% of responses to be positive. Also measured are rate of discharge to improved, safer environments - target is 60%. No reference is made here to Courage Connections on-going work with the Program Evaluation Team.

UTILIZATION:

Treatment Plan Clients (TPCs): 425 residential clients opened in the quarter and in shelter for at least 3 days, or non-residential clients opened in the quarter and having received at least 3 services in the quarter.

Non-Treatment Plan Clients (NTPCs): 110 (100 new and 10 continuing) residential clients opened in the operating quarter and in shelter for less than 3 days in the operating quarter *and* with fewer than 3 non-residential services during the quarter, or non-residential clients opened in the operating quarter and receiving fewer than 3 services in the quarter.

Service Contacts (SCs): 600 phone contacts received via our 24/7 domestic violence hotline, or calls initiated/returned in response to a referral, that do NOT involve a current or former client. In FY19, our target number was 600, and two quarters in we have served 303. To the degree possible, measurement will be reported on Champaign County residents only. Champaign County residents account for approximately 90% of all clients served.

Community Service Events (CSEs): 150 contacts that promote the program and serve to inform the public about domestic violence, including public presentations, consultations with community groups and/or caregivers, and school class presentations, as well as any media in which our staff engage for the same purpose.

Other: 0 NOTE: In relation to Service Contacts, the category would include all InfoNet categories under "Hotline Information" except "Hotline - has client ID" and "Hotline - Information & Referral (not a DV victim)". While this measurement could preclude counting a client who had an ID from services more than a year ago (and thus otherwise would be counted as "new"), it is presumed that most calls in this category are from TPC and those that are not are either soon to become TPCs or are too brief to justify the duplication risk in counting this category.

Staff Comment: Targets and activity measured are same as PY19. All data is tracked through the state InfoNet system. No target for clients (TPCs) seen by the therapist (new position not filled in PY19/retained in PY20 proposal) or counselors is included. Service Contacts are hotline calls and have the potential to include out of county calls.

PY20 Annual targets (per Utilization Form)

	TPC	NTPC	SC	CSE
Annual Target	425	110	600	150
From submitted quarterly Service Activity reports:				
PY19 Mid-Year Total	235	51	303	87
PY19 Target	425	115	600	150
PY18 Full-Year Total	442	109	537	167
PY18 Target	425	105	600	150

Financial Analysis

PY20 CCMHB Funding Request: \$127,000

PY20 Total Program Budget: \$1,276,349

Current Year Funding (PY19): \$127,000

Proposed Change in Funding - PY19 to PY20 = 0%

PY19 request was for \$127,000

PY18 request was for \$66,948 and award \$66,948

PY17 request was for \$66,948 and award \$66,948

CCMHB request is for 10% total program revenue. Other sources: Grants - VAWA Rural = \$37,473 (3%); Grants - IDHS DV = \$436,656 (34%); Grants - VOCA = \$643,357 (50%); and Grants - VAWA Latina = \$31,063 (2%).

Expenses: Salary and Payroll Taxes of \$127,000 are the only expenses charged to CCMHB at 100% of \$127,000.

Staff Comment: Total Agency budget shows \$26,262 deficit, Total Program a \$85,571 surplus, CCMHB budget balanced.

Program Staff - CCMHB Funds: 0.48 FTE Indirect and 2.19 FTE Direct. Total CCMHB = 2.67 FTEs.

Total Program Staff: 4.15 FTE Indirect and 20.30 FTE Direct. Total Program = 24.45 FTEs.

Staff Comments: Funded positions include retaining Therapist position that was new for PY19 but went unfilled for the year. Courage Connection has accrued excess revenue from vacant PY19 staff positions. CCMHB funds support one quarter of four client advocate positions, one third of two counselor positions, and half of the therapist position, (all direct service staff) and 25% of the fiscal manager and operations director positions (indirect staff). The licensed therapist position is key to treating the trauma of domestic violence.

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: *Program provides supports to victims of domestic violence including emergency and transitional housing, counseling, court advocacy, and other support services. As a result, program would qualify for consideration under this priority.*

Priority: Innovative Practices and Access to Behavioral Health Services

Priority: System of Care for Children, Youth, Families: *Applicant selected this priority. As stated above, program provides range of services and supports to victims of domestic violence. CCMHB funds support client advocates, counselors, and therapist positions.*

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

Courage Connection serves domestic violence survivors in Champaign, Douglas, Ford, and Piatt counties with priority given to residents of Champaign County. Many of these individuals, as a result of fleeing the abuse, are also homeless. The Courage Connection CLC Plan stated that cultural competence training for board, leadership, and staff will be provided annually. Recruitment of diverse background and skills based upon identified gaps in Board membership (skill-set, background, demographic, etc.) Recruitment based upon population served. Maintenance and promotion of atmosphere of a safe and diverse Board. A Cultural Competence Committee will be developed to monitor the progress of the actions outlined in the CLC Plan. Rural residents are served at the Rantoul satellite location. The Rural Advocate works with clients to ensure that taxi service and bus service are provided to the satellite location. Courage Connection does not have a clear time frame for accomplishing the actions stated in the CLC Plan and has outlined that the services are on-going. The actions were matched with the National CLAS Standards, and the updated template utilized.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *Program serves victims of domestic violence. Countywide access is limited to 24/7 hotline. Primary access points are in Champaign, Urbana, and Rantoul. Underserved population addressed in application focuses on services to Spanish speaking population.*

Inclusion and Anti-Stigma: *Program activity includes community education on domestic violence in an effort to reduce stigma and raise awareness.*

Outcomes: *Access and consumer outcomes are sufficient to measure impact of proposed services. Utilization targets are clearly defined. Consumer Outcomes section does need to be reformatted.*

Coordinated System: *Courage Connection is the only provider certified by the state to assist victims of domestic violence. Provider does work with other social service agencies to meet needs of victim/family.*

Budget and Program Connectedness: *Budget Narrative includes adequate explanations of all revenue sources and personnel; expense section is not completed because all expenses to be charged to this contract are personnel costs. Personnel supported with CCMHB funds include client advocates, counselors, and therapist.*

Technical Criteria

Approach/Methods/Innovation: *Program references plans to use The Community Advocacy Project (CAP) model. Agency plans to pilot use of the model in Spring of 2019. CAP is an evidence-based, trauma-informed intervention designed specifically for working with those experiencing domestic violence. Details of how CAP functions, will be implemented, evaluated, and staff trained is described. Link to more information on CAP is provided.*

Evidence of Collaboration: *Response only directly refers to having a written agreement with one other provider and is in the process of completing another. Collaboration with other providers is mentioned primarily duplicating agencies discussed in the coordination response.*

Staff Credentials: *No reference is made to credentials required for client advocate, counseling, or therapist positions. Qualifications and credentials cited for two direct service positions are not for staff supported with CCMHB funds. Training credentials of indirect staff is referenced. Most of the response explains role of credentialing agency not qualifications of CCMHB funded positions.*

Resource Leveraging: *CCMHB funding is 10% of total program revenue. CCMHB funds are used as local match to leverage funding from Illinois Department of Human Services and/or the Illinois Coalition Against Domestic Violence.*

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:

- *Specify how often Court Advocate and Counselor present in Rantoul.*
- *Require Courage Connection participation in Rantoul Service Provider meetings and CIT-SC meetings, and if System of Care is focus, work with Champaign Community Coalition and CU Trauma & Resiliency Initiative.*
- *Rewrite Consumer Outcomes Section to match required format.*
- *Rewrite Staff Qualifications response.*
- *If contract awarded, funds supporting therapist or as appropriate other vacant positions, should be withheld and pro-rated once position(s) filled.*

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: Crisis Nursery

Program: Beyond Blue Champaign County

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$85,000
PY20 Total Program Budget: \$212,271
Current Year Funding (PY19): \$75,000
Proposed Change in Funding - PY19 to PY20 = 13%

Focus of Application: Mental Health
Type of Contract: Grant
Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population:

Mothers who have or are at risk of developing perinatal depression (PD), targeting 35 mothers annually who demonstrate PD risk factors and have a child under age one. Mothers are provided individual and group support and education to facilitate healthy parent-child engagement. Crisis Nursery is part of the community's system of care. As a primary and secondary program, Beyond Blue addresses risk factors that otherwise may lead to serious emotional disturbances and multiagency and system involvement in children.

Staff Comment: No change is proposed to the population served for this longstanding CCMHB contract. Program serves mothers with or at risk of perinatal/postnatal depression and are pregnant or have a child under one year old, establishing need for intervention for mother and child's well-being.

Scope, Location, & Frequency of Services:

Beyond Blue reduces PD through a relationship-based, family focused model of intervention and treatment. Services are provided in non-traditional settings including clients' homes and neutral sites throughout Champaign County. Home visiting, Parent-Child interaction groups, and support groups reduce social isolation and provide education on PD, child development, and parenting skills.

Program Components:

- Screening for PD/risk with the EPDS (an evidence-based tool) at Crisis Nursery Intake
- Home visiting to assess symptoms, education about impact of PD, provide counseling
- PCI groups to engage the mother/baby, promote bonding and reduce social isolation, discuss child development topics, demonstrate positive mother/child interactions, and enhance mother's self-reliance and baby's self-regulation. To reduce stigma, groups are also open to other parents.
- ASQs (an evidence-based tool) to track child development
- Support group to address social isolation, educate about PD, and promote the development of support networks
- Telephone contact to provide service referrals, crisis counseling, and respite care scheduling
- Crisis care when no other resource is available, available 365 days/year, 24 hours/day
- 48 hours of planned respite care per family earned through participation in PCI groups (up to 8 hours/session attended). - Respite care provides caregivers with a break and reduces stress.
- Linkages with health services, early childhood programs, resources for basic needs, utilities, legal services, transportation, housing, and intensive therapeutic services as needed.
- Community and healthcare provider education on PD to reduce stigma; outreach will inform individuals about needed screening and the Beyond Blue program.
- External consultation for related staff by a mental health professional, addressing clinical assessment of PD and appropriate interventions.

Once families are screened and deemed eligible for participation, they will be invited to participate in the Strong Families Home Visiting program. Home visiting will be bi-weekly with the opportunity to participate in weekly groups as well. Support groups are held at the Nursery and at a variety of neutral sites in Champaign County.

Staff Comment: Services continue those currently offered: home visits, parent child interaction groups, support groups, respite care, case management, and community education. EPDS screening tool referred to is the Edinburgh Postnatal Depression Scale and the ASQ is the Ages and Stages Questionnaire. Both evidence-based instruments.

Access to Services for Rural Residents:

Beyond Blue serves mothers/babies residing in Champaign County. Rural residents account for 51% of those served. Referral sources include CUPHD's WIC/Family Case Management program (Rantoul and Champaign), Crisis Nursery's Safe Children program, Head Start, Carle Hospital, Christie Clinic, Rosecrance, current program participants, area schools/daycares, and other social service agencies. Outreach continues with OSF Heart of Mary Medical Center to gain additional referrals. Services are provided in client homes and through PCI and support groups held throughout the county, utilizing non-traditional locations including medical clinics, early childhood programs, and churches.

Access to Services for Members of Underrepresented/Minority Populations:

Crisis Nursery has reconnected with the Community Service Center of Northern Champaign County, in order to better identify underserved or underrepresented minority populations, specifically in Rantoul. Crisis Nursery will be hosting a table monthly, during the time in which vision screenings with a local doctor and food pantry services are also offered. Crisis Nursery hopes to reach those who might not otherwise reach out for help, by providing a regular presence during these monthly events. Additionally, Crisis Nursery has begun spreading awareness of services to local apartment complexes within Rantoul as a way to connect with families where they live. In particular, Golf View Apartments. Crisis Nursery also continues to build rapport with and has visited local special education coops within rural Champaign county, in order to gain access to populations already receiving services for other needs. Beyond Blue and Crisis Nursery believe in "going where families are." This means that home visits as well as groups will be tailored to meet the needs of those served. Groups can be formed and held in rural areas based on need and availability of space. Intensive home visits offered directly in these hard to reach locations.

Staff Comment: Over half of mothers served must reside outside of Champaign/Urbana ensuring access to rural residents. Further supported through home visits and, as practical, groups held in rural communities. Outreach efforts emphasize rural focus. Past experience has found program does not have difficulty reaching Champaign/Urbana residents qualifying for services as occurs with rural residents.

Residency: Total Served in PY2018 = 32 and in first half of PY2019 = 17

Champaign Set	12 (37.5%) for PY18	12 (70.6%) for PY19
Urbana Set	5 (15.6%) for PY18	1 (5.9%) for PY19
Rantoul	7 (21.9%) for PY18	1 (5.9%) for PY19
Mahomet	2 (6.3%) for PY18	0 (.0%) for PY19
Other Champaign County	6 (18.8%) for PY18	3 (17.6%) for PY19

Demographics: Total Served in PY2018 = 32

Age	
Ages 13-18 -----	1 (3.1%)
Ages 19-59 -----	31 (96.9%)
Race	
White -----	12 (37.5%)
Black / AA -----	12 (37.5%)
Other (incl. Native American and Bi-racial)	8 (25.0%)
Gender	
Female -----	32 (100.0%)
Ethnicity	
Of Hispanic / Latinx origin -----	6 (18.8%)
Not of Hispanic/Latinx Origin -----	26 (81.3%)

Program Performance Measures

CONSUMER ACCESS:

Beyond Blue serves mothers who have or are at risk of developing perinatal depression (PD). Research shows that PD risk factors include: poverty, personal/family history of depression, limited social supports, and marital discord. The program is voluntary and open to all mothers in Champaign County who have a child or children under the age of 1 and who have been identified to be "at risk" of PD. "At risk" is determined by the presence of CDC-identified risk factors and/or a score of 10 or higher on an Edinburgh Postnatal Depression Scale (EDPS). Crisis Nursery will identify Champaign County mothers (expectant and post-natal) who are "at risk" via the following sources:

- Mothers/babies identified by Crisis Nursery staff as "at risk"
- Mothers/babies identified by CUPHD's WIC/Family Management units
- Mothers/babies identified by area healthcare providers
- Mothers/babies identified by Beyond Blue participants

Referrals of expectant mothers or fathers identified as "at risk" can also be accepted. Referral sources based in and serving both urban and rural Champaign County, include CUPHD's WIC/Family Case Management program (Rantoul, Champaign), Carle, Christie, OSF, and Promise Healthcare. Program information and materials are provided for Carle and OSF's Labor and Delivery patient packets. Agencies and community organizations, such as Community Service Center of Northern Champaign County, Head Start, community churches, and medical professionals that also serve rural and urban Champaign County also receive program information.

Within 2 days from referral, 80% of those referred will be assessed.

Within 7 days of assessment, 50% of those assessed will engage in services.

People will engage in services, on average, for: 9 months; range of service varies from 3 to 21 months.

Additional Demographic Data: Income, number of family members in the home, homeless status of family, involvement with DCFS, eligibility for services through DCFS.

Staff Comment: Referral sources, eligibility criteria, and screening tool, along with projected referral and engagement targets and anticipated length of engagement, are identified. Response to Access Outcome section is well done.

CONSUMER OUTCOMES:

1. Mothers will gain information about the effects of perinatal depression on baby.
2. Mothers will have a decrease in depressive symptoms.
3. Mothers will develop greater understanding of their child's developmental needs and an ability to meet those in positive and growth producing interactions.
4. Mothers will learn to reduce their stress, seek resources, and broaden networks.
5. Mothers will improve their capacity to engage fully in a reciprocal relationship with their babies, resulting in optimal development of the baby, more successful and satisfying parenting, and a greater security for both.

Measured by:

1. The Edinburgh Postnatal Depression Scale (EDPS) is given by Family Specialists quarterly to assess progress re: depressive symptoms.
2. The Ages and Stages Questionnaire (ASQ), which assesses child developmental progress (physical and social-emotional), is administered by Family Specialists upon entry into the program if it has not been done elsewhere. If delays are identified then the ASQ is administered again to assess progress.
3. The ARCH CR1, which measures a client's sense of well-being and his/her acquisition of parenting skills, is administered annually by Family Specialists.
4. The ARCH CR1, which measures a client's sense of well-being and his/her acquisition of parenting skills, is administered annually by Family Specialists.
5. The ARCH CR1, which measures a client's sense of well-being and his/her acquisition of parenting skills, is administered annually by Family Specialists.

Outcome gathered from all participants? Yes.

Anticipate 33 total participants for the year.

Will collect outcome information: EDPS administered quarterly and the ARCH CR1 annually.

Is there a target or benchmark level for program services? Yes, we expect parents to report an improvement in parenting skills, a reduced risk of harm to children and a reduction in parental stress level as a result of participating in Beyond Blue.

Estimated level of change for this outcome is 70 % of persons served (23 ppl) will report: improvement in parenting skills; reduced risk of harm to children; reduction in parental stress level.

Staff Comment: Outcome measure, evaluation tools and methods, and performance targets/estimated change are presented in clear and precise manner. This section is also well done.

UTILIZATION:

Treatment Plan Clients (TPCs): 33 = 17 rural and 16 C-U mothers "at risk" of PD.

Non-Treatment Plan Clients (NTPCs): 77 = 39 rural and 38 C-U; 33 infants and expected infants of the mothers participating in the program and other family members.

Service Contacts (SCs): 922 = 470 rural and 452 C-U; screenings, home visits, telephone contacts with TPCs, referral contacts for TPCs and NTPCs.

Community Service Events (CSEs): 118 = 18 PCI groups for mother/baby dyads (6 rural, 12 C-U) + 32 perinatal depression support groups meetings (8 rural, 24 C-U) + 20 meetings with referral sources (11 rural, 9 C-U) + 46 presentations to community groups (24 rural, 22 C-U); 2 media contacts; and a Beyond Blue page on the Crisis Nursery website with a link to Facebook page.

Other: 2,275 hours of crisis and respite care provided to families: 1,160 for rural mothers + 1,115 for C-U mothers. Actual service usage varies depending on family need and wants.

Staff Comment: Utilization targets are consistent with past performance. Referral and engagement of rural families poses a challenge. Part Two Form SC and CSE PY20 targets are different, as follows:

PY20 Annual targets (per Utilization Form)

	TPC	NTPC	SC	CSE	OTHER
Annual Target	33	77	522	128	2275
From submitted quarterly Service Activity reports:					
PY19 Mid-Year Total	17	52	198	160	515.75
PY19 Target	33	77	522	128	2275
PY18 Full-Year Total	32	105	963	205	4076.7
PY18 Target	33	77	922	128	2275

Financial Analysis

PY20 CCMHB Funding Request: \$85,000

PY20 Total Program Budget: \$212,271

Current Year Funding (PY19): \$75,000

Proposed Change in Funding - PY19 to PY20 = 13.3%

PY19 request was for \$75,000

PY18 request was for \$75,000 and award \$70,000

PY17 request was for \$75,000 and award \$70,000

CCMHB request is for 40% of total program revenue. Other sources are: United Way = \$21,000 (10%); Contributions - various = \$91,271 (43%); Grants – and DHS DFI = \$15,000 (7%).

Staff Comment: Beyond Blue is a service available through the Safe Families Program. Total program funding reflects not only an investment in Beyond Blue but also Safe Families. CCMHB funds are dedicated to staff and expenses associated with Beyond Blue services.

Expenses: Personnel related costs of \$77,700 are the primary expense charged to CCMHB at 91% of \$85,000. Other expenses are: Professional Fees/Consultants \$600 (1%), Consumables \$300 (0%), General Operating \$400 (0%), Occupancy \$1,500 (2%), Conferences/Staff Development \$2,000 (2%), and Local Transportation \$2,500 (3%).

Staff Comment: Total Agency, Total Program, and CCMHB budgets are all balanced. CCMHB share of audit expense is low but may be proportional to CCMHB funding to total agency.

Program Staff - CCMHB Funds: 0.03 FTE Indirect and 1.50 FTE Direct. Total CCMHB = 1.53 FTEs.

Total Program Staff: 0.35 FTE Indirect and 3.25 FTE Direct. Total Program = 3.60 FTEs.

Staff Comment: Majority of CCMHB supported staff are Family Specialist positions responsible for working with families – home visits, groups, etc.

Audit Findings: No negative findings in PY2018 audit report. An audit is required for PY2019 and will be for PY2020, if 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

Priority: System of Care for Children, Youth, Families: *Program engages pregnant women/mothers with new born babies in services. Provides early intervention services and supports to promote healthy parenting skills and parent-child interaction, fostering child development.*

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

Crisis Nursery serves families and youth 0-5 years old whose family is experiencing a crisis or needs emergency childcare. Crisis Nursery has an extensive CLC Plan that outlines action steps to meet the needs of clients and staff in a culturally responsive way. Crisis Nursery has mandatory CLC Annual Training. An individual assessment is completed after the CLC Training. The agency has a policy allowing staff to observe a religious holiday of choice in place of Good Friday, if they don't identify with the Christian faith. In addition, staff and board members review and sign the CLC Plan annually. The actions in the CLC Plan matched the National CLAS Standards, and the plan followed the updated format.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *Program gives priority to rural residents and has a target of over half of the mothers served to reside outside Champaign and Urbana.*

Inclusion and Anti-Stigma: *Inclusion is interpreted here as participation in services rather than an individual's acceptance into the larger community. Program addresses stigma through client's participation in parent child interaction groups, building natural supports, and providing services in community-based settings. The rural focus may have an important impact on reducing mental health-related stigma which further isolates new parents and their children.*

Outcomes: *Access, Consumer, and Utilization sections are clear and concise statements of how services are delivered, tracked/measured, and evaluated.*

Coordinated System: *Program references partnership with other volunteer run parent home visiting service, Sistering CU, to aid family/mother with other activities of daily living associated with a baby/young child. Beyond Blue also engages with other early intervention service providers.*

Budget and Program Connectedness: *Budget Narrative includes adequate descriptions of all revenue sources, expenditures, and personnel. There are discrepancies between Budget Narrative and Revenue Form, in Total Program United Way designations, contributions, and special events. Largest expense charged to CCMHB is for personnel who deliver services and related expenses, such as staff travel.*

Technical Criteria

Approach/Methods/Innovation: *Research supporting use of parent-child interaction groups, and evidence-based screening instruments/evaluation tools is referenced. Links to sources are provided.*

Evidence of Collaboration: *Written working agreements in place with variety of social service providers and local and state networking/coordinating councils.*

Staff Credentials: *Education, licensing, work experience noted for program staff and executive director who provides supervision.*

Resource Leveraging: *Program is supported almost entirely with local funds. Sources include CCMHB providing 40% of funding, agency contributions and special event proceeds, and United Way designations. Small amount of state funds is allocated to 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 a PY20 contract:

- financial forms should be revised so that revenue form and budget narrative form 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 to be corrected prior to completion of the award process.

Recommendation: Pending



Agency: Cunningham Children's Home

Program: Parenting Model Planning/Implementation

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$280,955

PY20 Total Program Budget: \$280,955

Current Year Funding (PY19) N/A

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

Focus of Application: Mental Health

Type of Contract: Grant

Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population:

The previous Front End and Extended Care Parenting with Love and Limits (PLL) program focused on resistant parents and youth with serious emotional disturbances (SEDs) and multi-system involvement. It served Champaign County youth ages 10 – 17 and their families, many of whom were involved in the continuum of the Juvenile Justice System. The population of this proposed project would be similar to the original program in order to meet the service gap created by the closing of the PLL program. More specific target population eligibility will be dependent upon the parenting and youth intervention ultimately chosen through this project. However, we continue the commitment to identify a model in which both the youth and parent or caregiver (e.g. foster parent) participates the program.

Staff Comment: New proposal targets youth age 10 -17 and parent/caregiver; planning phase seeks input from stakeholders.

Scope, Location, & Frequency of Services:

Planning Phase - from July – December 2019, the administration at Cunningham will facilitate a planning phase to review the PLL model along with other models that address similar needs. The following list of models has been identified as a starting point:

- Parenting with Love and Limits
- Multisystemic Family Therapy
- Functional Family Therapy
- Brief Strategic Family Therapy
- Coping Power
- Alternatives for Families: A Cognitive Behavioral Therapy
- Multidimensional Family Therapy

The Hexagon Discussion and Analysis Tool will be used to help evaluate these models. This tool is designed to be used by a team to ensure diverse perspectives are represented in a discussion of six contextual fit and feasibility factors including the following domains: evidence, supports for implementation, usability across a range of contexts, population need, fit, and capacity. More information about the tool can be found at <https://www.aecf.org/m/resourcedoc/aecf-ablueprintforembeddingevidence-2018.pdf#page=4>. Stakeholders solicited in this process would include: representation from the mental health board, Youth and Family Peer Support Alliance, Youth Assessment Center, University of Illinois Psychology and Social Work Departments, School Districts, and Juvenile Justice (e.g., probation, detention). Other models may be evaluated as they are identified through the Planning Phase. A written proposal making the final program recommendation would be submitted no later than the December 2019 board meeting. During the Planning Phase, youth and families who would have been eligible in the previous program may be referred to Cunningham’s other Community-based programs as appropriate.

Implementation – the recommended program will be slated to begin implementation in January 2020 and continue

through the remainder of the grant period with a full application being submitted in the FY21 grant period. The costs associated with the Implementation Phase are based on the FY19 PLL application and will be subject to additional contract negotiation upon selection of the model. Location / Frequency: To be determined through the Planning Phase. *Staff Comment: New proposal intended to address gap in services created through loss of PLL. Planning activities should include assessment of youth/family needs and eligibility, which would be based on the needs of those referred to other community-based programs at not only Cunningham but also other agencies' youth programs. Board member participation in planning phase is necessary as well as other stakeholders, e.g., State's Attorney, Community Coalition. Progress reports during the planning phase would be helpful for building a foundation for recommendation to Board of preferred model. Board guidance as to whether PLL is to be considered is needed to address questions such as: If PLL were ranked very highly, would the board support restoring funding for the model, including the contract for licensing, supervision, and evaluation? If other EBPs are similarly priced, is there an interest?*

Access to Services for Rural Residents:

Youth and families from anywhere within the county who meet the eligibility criteria of the selected program will be able to participate through a mix of home-based and site based service to be determined with barriers to access and engagement to be addressed in the final recommendation. A mix of home-based and site based service to be negotiated with the Juvenile Detention Center, the Youth Assessment Center, Cunningham, and other community-based sites to be determined. Access to service will be individualized based on the individual's/family's needs and geographic location.

Access to Services for Members of Underrepresented/Minority Populations:

Cunningham 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. Cunningham has longstanding partnerships with other service providers to assist with meeting the needs of youth and families participating in the program. 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 home and community environments.

Residency & Demographic Data – N/A

Staff Comments: Whether rural residents will be served in their homes or sites near their homes, or otherwise receive transportation assistance, is to be determined during planning phase. Services offered in the home if clients/families prefer.

Program Performance Measures

CONSUMER ACCESS:

Youth at risk or involved in the juvenile justice system and their families to be further determined through the Planning Phase. How eligibility criteria are met is to be determined through the Planning Phase. 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 a period to be determined through the Planning Phase.

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 Comment: Referral, assessment, and engagement process to be evaluated/defined during planning phase.

CONSUMER OUTCOMES:

We expect the impact of this project is to select a program that aims at decreasing emotional and behavioral problems and to show positive outcomes with children and families in the areas of trauma, mental illness, and delinquency. Specific outcomes [and assessment instruments] will be determined based on selected model, through the Planning Phase.

Outcome gathered from all participants? No. A limitation of some program models is client attrition. Rates of attrition will be specifically evaluated through the use of the Hexagon Tool.

Anticipate 25 total participants for the year.

Will collect outcome information: To Be Determined based on model selected.

Is there a target or benchmark level for program services? Yes. Comparative targets for program outcomes may be available the prior PLL program outcomes. During the Planning Phase, additional models evaluated will be compared to the PLL program outcomes as a baseline comparison.

Estimated level of change for this outcome is To Be Determined based on model selected.

Staff Comment: To be determined/measures contingent on model selected.

UTILIZATION:

Treatment Plan Clients (TPCs): 13 To Be Determined based on model selected.

Non-Treatment Plan Clients (NTPCs): 12 To Be Determined based on model selected.

Staff Comment: To be determined/utilization targets contingent on model selected. TPC and NTPC targets of 13 and 12 are placeholders.

PY20 Annual targets (per Utilization Form)

	TPC	NTPC
Annual Target	13	12

Financial Analysis

PY20 CCMHB Funding Request: \$280,955

PY20 Total Program Budget: \$280,955

Current Year Funding (PY19): N/A

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

Staff Comment: Final contract amount is to be subject to negotiation/amendment pending projected cost to implement recommended/selected model. CCH has estimated implementation phase expense based on PY19 PLL contract maximum.

CCMHB request is for 100% of total program revenue.

Expenses: Personnel related costs of \$201,583 are the primary expense charged to CCMHB at 72% of \$280,958. Other expenses are: Professional Fees/Consultants \$64,750 (23%), Occupancy \$1,500 (1%), Local Transportation \$2,625 (1%), Equipment Purchases \$6,000 (2%), and General Operating \$4,500 (2%).

Staff Comment: Total Agency Budget Shows a deficit of \$1,416,921. Program and CCMHB revenue and expenses are essentially balanced, with a \$3 difference (to revise).

Program Staff - CCMHB Funds: 0.05 FTE Indirect and 2.67 FTE Direct. Total CCMHB = 2.72 FTEs

Total Program Staff: 0.05 FTE Indirect and 2.67 FTE Direct. Total Program = 2.72 FTEs.

Staff Comment: Personnel forms lists various therapist, case manager and clinical coordinator positions as place holders. Actual staffing pattern to be determined based on selected model.

Audit Findings: This is a proposal for a new planning and service contract which, if funded, would require an audit.

CCMHB PY20 Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement Although not selected, the proposal also aligns with this priority, due to a primary focus on young people who have involvement with the justice system or may be at risk.

Priority: Innovative Practices and Access to Behavioral Health Services

Priority: System of Care for Children, Youth, Families Application was submitted under and aligns with this priority, identifying the planning roles of stakeholders and other providers of care for youth and their families. If funded, the second phase is implementation, which should be coordinated with those providers/stakeholders for best outcomes for people and systems.

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: *strategies to be defined during Planning phase.*

Inclusion and Anti-Stigma: *addresses building cultural and linguistic competence, especially engaging youth and families in solutions; agency hosts and participates in community awareness efforts.*

Outcomes: *will depend on findings of the first phase, Planning.*

Coordinated System: *several relevant community-based service providers (and specific services) are identified for coordination and referrals; includes a commitment to coordinating within the juvenile justice diversion collaboratives and to rely on stakeholders in both phases.*

Budget and Program Connectedness: *Budgeted expenses and staffing patterns are estimates. Final costs and personnel to be determined based on selected model; Budget Narrative could be more comprehensive.*

Technical Criteria

Approach/Methods/Innovation: *To be determined through the Planning Phase and the use of The Hexagon Tool.*

Evidence of Collaboration: *identifies 19 relevant collaborative agreements; for this program, Champaign Community Coalition and CU Trauma and Resiliency (Neighborhood Champions) may be appropriate.*

Staff Credentials: *To be determined through the Planning Phase. Agency staff trainings are identified.*

Resource Leveraging: *As proposed, CCMHB is the sole funder.*

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:*

- *Require monthly reports during planning phase.*
- *CCMHB Board representation with staff on stakeholder planning body.*
- *Minor revision and further development of financial forms.*
- *Contract maximum subject to negotiation pending selection of model.*

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: Don Moyer Boys & Girls Club / Program: C-U CHANGE

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$100,000
PY20 Total Program Budget: \$138,238
Current Year Funding (PY19): \$100,000
Proposed Change in Funding - PY19 to PY20 = 0 %

Focus of Application: Mental Health
Type of Contract: Grant
Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population:

Youth-at-risk, ages 11-17 (grades 6 to 12), in Champaign County. Individual youth and/or family risk factors: academic difficulties; in danger of or has been previously held back to repeat one or more academic years; truancy concerns; behavior issues; witness to or victim of family violence; LGBTQ; reported gang involvement; involved in the DCFS system; homeless; pregnant and/or parenting; with a sibling involved in the juvenile justice system or gang; and/or with one or both parents incarcerated. Focus on youth with minimal support systems at Middle or High School; goal of supporting each through graduation. New students will be admitted as graduations occur or as slots become available.
Staff Comment: Section edited by staff. Population served is unchanged from prior year. Youth in middle or high school are the focus. Wide range of risk factors associated with youth or family are considered.

Scope, Location, & Frequency of Services:

The C-U CHANGE program targets 40 middle to high risk youth using a strength-based, intensive approach to support youth in navigating the school environment, deal with peer pressures, develop problem solving skills, engage productively with the local community, and graduate from high school with a plan for the future. Services in the following areas:

School: Staff will check attendance, meeting with school social workers, counselors, teachers, school resource officers as well as, parent/guardians to complete case management, receive progress reviews and provide support in areas of improvement for each youth.

After School: Programming will be provided at DMBGC in areas of Improving Educational Performance, Life Skills Education and Intervention Techniques. These programs are as follows:

- Improving Educational Performance: Homework Assistance (Power Hour); Education & Career Goal Planning (diplomas2Degrees)
- Life Skills Education: Coping & Risky Behavior Prevention (Positive Action); Character, Leadership & Positive Behavior Training for males (Passport to Manhood); Health, Fitness and Self-Esteem Enhancement for females (SMART Girls); Substance Abuse, Sexual Activity Prevention/Education (SMART Moves); Activities focused on Planning for the Future (CareerLaunch)

Intervention techniques during the afterschool time include: family counseling and planning, small group cohorts, crisis intervention and progress reviews.

In the Community: Youth will be encouraged to participate in DMBGC's Service to Community program. This program encourages good character and appreciation for citizenship and provides every youth with opportunities to serve in year-round Club and community based volunteer service experiences.

During the summer: Youth will be engaged in activities to prevent involvement in the juvenile justice system. These activities will include case management/counseling, academic enrichment, life skills development, field trips, employment support, etc. This engagement allows the program to continue to build upon the foundation created throughout the academic school year and increases program retention.

Location / Frequency: CU Change services and support will be provided throughout Champaign County. A major focus of the program is to meet "those who need us most", in their environment (I.e. home, school, referral agency, etc.), to

develop a plan for success. Most of the intervention techniques and core programs will be offered at Don Moyer Boys & Girls Club. These activities will be held weekly, with positive action, field trips occurring off-site.

Staff Comments: Targeted services occur on site at Don Moyer Boys and Girls Club after school and during summer months. Consultation with schools and family inform case management provided to youth. After school programming uses various approaches to improve decision making and education performance. Several National Boys and Girls Club model programs are offered. Application indicates program is open to youth from throughout Champaign County but is not supported by the data reported. Youth from Champaign and Urbana are very high percentage of those served.

Access to Services for Rural Residents:

The majority of CU Change services are offered at the clients' home, school, or an area in their immediate local community. Transportation will be provided for additional services (i.e., counseling services, cohort groups, core programs) held at Don Moyer Boys & Girls Club, etc. Rural residents will be served in their community (i.e., home, school, community center, etc.).

Access to Services for Members of Underrepresented/Minority Populations:

CU Change will work with the local school districts, police departments, Champaign County Youth Assessment Center, court services and juvenile probation as well as, community organizations to build awareness of the program and its services. A major focus of the service will be to meet the needs of the youth and families in their respective schools, homes and community environments. The program will continue to use community engagement events (fairs, workshops, etc.) as a mechanism for referrals. Awareness activities/events will be incorporated and held in areas where this population resides. Program staff will meet with families in their home when needed. The program will be inclusive of all child serving systems, social agencies, family support organizations, faith-based organizations, civic/social groups and community-based entities that have a vested interest to improve the outcomes for youth and families. The majority of CU Change services are offered at the clients' home, school or an area in their immediate local community. Transportation provided for additional services (i.e., counseling services, cohort groups, core programs) held at DMBGC, etc.

Staff Comment: Service section implies initial engagement occurs in home/community with core services delivered at DMBGC that is contrary to rural access/underrepresented access response narrative. Residency data point to very few youth from rural Champaign County, even Rantoul, engaging in program. Engagement with underserved overrepresented minority population is much more the case.

Residency: Total Served in PY2018 = 52 and in first half of PY2019 = 64

Champaign Set	36 (69.2%) for PY18	50 (78.1%) for PY19
Urbana Set	9 (17.3%) for PY18	9 (14.1%) for PY19
Rantoul	5 (9.6%) for PY18	3 (4.7%) for PY19
Mahomet	0 (0.0%) for PY18	0 (0.0%) for PY19
Other Champaign County	2 (3.8%) for PY18	2 (3.1%) for PY19

Demographics: Total Served in PY2018 = 52

Age	
Ages 7-12 -----	10 (19.2%)
Ages 13-18 -----	42 (80.8%)
Race	
White -----	3 (5.8%)
Black / AA -----	46 (88.5%)
Other (incl. Native American and Bi-racial) -	3 (5.8%)
Gender	
Male -----	24 (46.2%)
Female -----	28 (53.8%)
Ethnicity	
Not of Hispanic/Latinx Origin -----	52 (100.0%)

Program Performance Measures

CONSUMER ACCESS:

(a) are residents of Champaign County as shown by address;

- (b) have evidence of a need for service based on an assessment;
- (c) have limited financial resources to meet the cost of their care.
- (d) One or more individual/family risk factors
- (e) Age 11-17 and/or Grade 6 to 12)

CU Change will determine if a person meets criteria through the following:

- Step 1 - The Referral
- Step 2 - The Family Contact and Conference
- Step 3 - The Advisory Team Discussion
- Step 4 – Intake and Orientation
- Step 5 – Placement

Eligibility Criteria will be verified through the following

- (a) Verification of Address and needs via Referral & Intake Process
- (b) Don Moyer Boys & Girls Club Membership Application (collects income data)
- (c) Youth Assessment & Screening Instrument (YASI) Assessment to access need for service

The program will continue to use community engagement events (community fairs, workshops, presentations, school staff meetings, check-ins, etc.) as a mechanism for the target population to learn about this program. Awareness activities/events will be incorporated and held in areas where this population resides.

Within 5 days from referral, 95% of those referred will be assessed.

Within 7 days of assessment, 95% of those assessed will engage in services.

People will engage in services, on average, for 36-48 months.

Additional Demographic Data: Household Income, Household Type, Head of Household

Staff Comment: Eligibility criteria and determination/verification process is described. The Youth Assessment and Screening Instrument (YASI) will be used to assess youth/family needs/risk factors. The YASI is also used by the Youth Assessment Center. Some discrepancy between projected participation in services and percentage of youth referred, assessed, and engage in services. Length of engagement is long-term.

CONSUMER OUTCOMES:

The CU Change Program will support youth in navigating the school environment, deal with peer pressures, develop problem solving skills, engage with the local community, and graduate from high school with a plan for the future. The outcomes are as follows:

1. 30 of 40 participants will demonstrate Improved Educational Achievement and Progress.
2. 30 of 40 participants will demonstrate Improved School Attendance and Behavior.
3. 26 of 40 participants will demonstrate Improved Social-Emotional Skills.
4. 32 of 40 participants will demonstrate Improved Use of Free Time and Sense of Community.
5. 32 of 40 participants will demonstrate Improved Beliefs/Value System and Future Orientation (Goal-Setting).
6. 32 of 40 participants will demonstrate Reduced Aggression and Acts of Violence.
7. 32 of 40 participants will demonstrate Improved Decision Making and Self-Concept.
8. 32 of 40 participants will demonstrate Improved Leadership and Peer Relationships.
9. 34 of 40 participants will demonstrate Reduced involvement with the Juvenile Justice System (If Applicable).
10. 36 of 40 participants will demonstrate Increased Support System (via immediate family or caring adult).

The CU Change Program will use the Youth Assessment and Screening Instrument (YASI) to measure each youth's individual level of risk for delinquent conduct, key areas of programming or service need and protective factors or strengths which can be fostered to produce positive outcomes for the youth and family. This instrument is evidence based and nationally renowned for its effectiveness with youth from ethnic backgrounds, urban and rural settings, and youth justice and broader human service. In addition, staff will engage the youth throughout the school day to check attendance, meeting with respective caring adults in youth's environment.

1. 30 of 40 participants will demonstrate Improved Educational Achievement and Progress - YASI Assessment and Intensive Case Management
2. 30 of 40 participants will demonstrate Improved School Attendance and Behavior – YASI Assessment, Case Management, Progress Reports and Report Cards.
3. 26 of 40 participants will demonstrate Improved Social-Emotional Skills - YASI Assessment and Intensive Case Management.

4. 32 of 40 participants will demonstrate Improved Use of Free Time and Sense of Community - YASI Assessment and Intensive Case Management.
5. 32 of 40 participants will demonstrate Improved Beliefs/Value System and Future Orientation (Goal-Setting) - YASI Assessment and Intensive Case Management.
6. 32 of 40 participants will demonstrate Reduced Aggression and Acts of Violence - YASI Assessment, Case Management, School Districts and Champaign County Probation Services.
7. 32 of 40 participants will demonstrate Improved Decision Making and Self-Concept - YASI Assessment and Intensive Case Management.
8. 32 of 40 participants will demonstrate Improved Improved Leadership and Peer Relationships - YASI Assessment and Intensive Case Management.
9. 34 of 40 participants will demonstrate Reduced involvement with the Juvenile Justice System (If Applicable) - YASI Assessment, Case Management and Champaign County Probation Services.
10. 36 of 40 participants will demonstrate Increased Support System (via immediate family or caring adult) - YASI Assessment and Intensive Case Management.

Outcome gathered from all participants? Yes.

Anticipate 50 total participants for the year.

Will collect outcome information every six months.

Is there a target or benchmark level for program services? Yes. The goal for the CU Change program is for each youth admitted into the program to fully participate in the program for 36-48 months. At the completion of this timeframe, the target/benchmark is for youth to exhibit one year of sustained improvement in individual/family risk factors, on-time grade promotion and on track for high school graduation with a plan for the future. The sustained improvement will allow the youth to graduate from the CU Change program and serve as a peer mentor to other youth in the program.

Estimated level of change for this outcome is 32 of 40 (80%) of participants exhibiting improvement in individual/family risk factors, on-time grade promotion and on track for high school graduation with a plan for the future. The change will be measured using the YASI and Intensive Case Management.

Staff Comment: Ten measures are identified across multiple life domains. Consumer outcome, performance target, and evaluation tool (YASI and staff assessment) are presented in clear and concise statements.

UTILIZATION:

Treatment Plan Clients (TPCs): 50 Unduplicated Number of Youth Enrolled in Program.

Non-Treatment Plan Clients (NTPCs): 42 Unduplicated Number of Parents, Family Members or Individuals connected to the Treatment Plan Client and involved in program related activities.

Service Contacts (SCs): 550 case management sessions, counseling sessions. Unduplicated Participation in Programs (i.e., Positive Action, Passport to Manhood, SMART Girls, CareerLaunch, diplomas2Degrees, Power Hour, SMART Moves, etc.), Field Trips (i.e., college tours, team-building trips, family outings, etc.), and Mentor Meetings

Community Service Events (CSEs): 150 meetings between agencies, public presentations, school presentations and/or school staff meetings (i.e., referral meetings/conversations, meeting with School Social Worker/Teacher/Dean/SRO/Counselor, presentations to Champaign County Juvenile Probation Department, Community Resource Fairs, Youth Assessment Follow-Ups, Probation Officer Check-Ins, Etc.)

Staff Comment: Targets are adjusted based on past performance. Client and service activity descriptions is consistent with PY19. Some turnover in participation appears to have occurred in PY19 as new TPCs were added in the second quarter.

PY20 Annual targets (per Utilization Form)

	TPC	NTPC	SC	CSE
Annual Target	50	42	550	150

From submitted quarterly Service Activity reports:

PY19 Mid-Year Total	64	11	225	76
PY19 Target	40	48	1000	150
PY18 Full-Year Total	52	42	601	38
PY18 Target	40	40	420	144

Financial Analysis

PY20 CCMHB Funding Request: \$100,000

PY20 Total Program Budget: \$138,238
Current Year Funding (PY19): \$100,000
Proposed Change in Funding - PY19 to PY20 = 0.0%
PY19 request was for \$100,000
PY18 request was for \$100,000 and award \$100,000
PY17 request was for \$100,000 and award \$100,000

CCMHB request is for 72% of total program revenue. Other revenue: Contributions - various = \$38,238 (28%).
Staff Comment: CCMHB is primary source of support. No increase in CCMHB funding is requested.
Expenses: Personnel related costs of \$85,000 are the primary expense charged to CCMHB at 85% of \$100,000. Other expenses are Consumables \$10,000 (10%), and Local Transportation \$5,000 (5%).
Staff Comment: Total Agency Budget Shows a surplus of \$74,439; Total Program and CCMHB Budgets are balanced. Budget narrative states consumables line covers a broad range of program expenses. Transportation line covers staff travel transporting youth and for participant field trips. Expenses appropriate, lacks an amount for cost of audit.
Program Staff - CCMHB Funds: 0.0 FTE Indirect and 2.43 FTE Direct. Total CCMHB = 2.43 FTEs.
Total Program Staff: 0.10 FTE Indirect and 2.23 FTE Direct. Total Program = 2.33 FTEs.
Staff Comment: CCMHB funds support 3 direct staff positions. One position, a part-time CU Change Case Manager (.63 FTE), is vacant and when hired, CCMHB would pay salary and portion of benefits and taxes. Other two positions include a fulltime program coordinator supported in part by the Board and fulltime case manager supported in full by the Board.

Audit Findings: No negative findings in the PY18 audit report. 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

Priority: System of Care for Children, Youth, Families: Aligns with priority by serving middle school through high school age youth having one or more risks factors extending from trauma to criminal justice involvement to academic issues to homelessness.

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

Don Moyer Boys and Girls Club provides programming for youth in the community; in addition, several programs provide services for Champaign County youth, family, children's mental health awareness activities, and trauma informed training. In the CLC Plan, all staff and board members will receive annual cultural competence training. All staff members read and sign the CLC Plan annually, and each program serves a unique target population so that many strategies of engagement and outreach are used to reach marginalized and underserved populations of Champaign County. The policy for Language and Communication assistance is outlined in the employee handbook and is updated annually. Two to four opportunities will be provided at Club youth/families' events to discuss services which have been delivered. An annual satisfaction survey will be given to youth and families to evaluate programs and services offered by the DMBC. Each year the CLC Committee assesses the physical facility to reflect the population of focus, to be welcoming, clean, and attractive by providing cultural art, magazines, refreshments and community meeting space. The CLC Plan actions matched the National CLAS Standards, and the updated CLC Plan template was utilized for FY 2020.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: Population served aligns with underserved more than rural. Engagement occurs primarily at agency office, initial intake and service planning occurring at family's home or community.

Inclusion and Anti-Stigma: Addressing stigma is not a focus of the application scope of work.

Outcomes: Access and Consumer Outcomes define measures, establish targets, and identify evaluation tools/methods.

Coordinated System: Proposal references two Unit 4 School District initiatives that serve as partners and referral sources for CU Change. Creates the appearance program is most focused on youth from Champaign.

Budget and Program Connectedness: *Funding supports 3 staff positions, travel expenses and myriad of items classified as consumables. While expenses are limited to these few lines, they align with services. One of the new positions is vacant and if funded, consideration should be given to holding back funds supporting the new position until position is filled.*

Technical Criteria

Approach/Methods/Innovation: *Research supporting various evidence-based models used by DMBGC is cited, and links to these sources are provided.*

Evidence of Collaboration: *Written agreements with school districts, juvenile justice, university departments, social service providers and others are listed. Effort at collaboration is more extensive than presented for coordinated system.*

Staff Credentials: *Qualifications for funded positions are listed. Credentials for a Program Associate position are listed but is not one of the supported positions.*

Resource Leveraging: *The CCMHB is the primary source of financial support. Contributions made to the agency and allocated to the program is other source of support. No increase in funding is 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:

- *funds for part-time CU Change Case Manager position should be withheld and pro-rated once position(s) filled.*
- *revise expense form to show audit cost in Professional Fees*

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: Don Moyer Boys & Girls Club
Program: Community Coalition Summer Initiatives

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$107,000
PY20 Total Program Budget: \$107,000
Current Year Funding (PY19): \$107,000
Proposed Change in Funding - PY19 to PY20 = 0%

Focus of Application: Mental Health
Type of Contract: Other - per prior contact/negotiation
Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population:

Youth ages 9 to 18 with serious emotional disturbance (SED) and multi-agency system-involved youth.

Staff Comment: Population served clearly identified. Research supporting the need for serving this specific population is omitted; community violence, overrepresentation in juvenile justice system, lack of summer employment opportunities, or academic support in summer all contribute to the need for the investment, but these are not noted in the application.

Scope, Location, & Frequency of Services:

Through this contract the Champaign County Community Coalition and Don Moyer Boys & Club will support and reinforce System of Care principles and values, particularly relative to system involved youth impacted with emotional and environmental challenges. Services and activities will be provided during the summer, over a focused time period, primarily when traditional supports, services and activities are minimally available to the targeted population. Local grass roots entities will provide a coordinated system of intervention to help address youth issues related to increased violence, lack of positive community engagement opportunities, summer academic/learning loss, lack of adult supervision and guidance, etc., that are prevalent during the summer months. Selected program partners will provide programs and activities which emphasize healthy life styles, academic support, structured recreation opportunities, exposure to the arts, cultural awareness, positive social skills development, and positive adult interaction. In addition community engagement activities will be provided for general participation that will address community violence, racial understanding and community advocacy. The contract will be comprised of two major components. The first component will be for services and supports provided by specialized service providers (subcontractors) who will be directly accountable to the Don Moyer Boys and Girls Club. The second component is for Don Moyer Boys and Girls Club to provide administration, coordination and support services to assure that all programs and services provided under this contract are fully integrated and support system of care goals and objectives for the population served. Location / Frequency: Services will be provided at partner organization facilities and various local venues, regional and state sites.

Staff Comment: Proposal supports wide range of summer programming. Don Moyer Boys & Girls Club will serve as the fiscal agent and in consultation with the Champaign Community Coalition Executive Committee will issue subcontracts to various summer youth initiatives that provide activities promoting positive development and work experience.

Access to Services for Rural Residents:

Services will be available to youth and community members throughout Champaign County. Contracted service providers will provide outreach to youth from throughout the community. The Community Coalition is a countywide organization. Services and activities will be provided to all participants at designated locations.

Access to Services for Members of Underrepresented/Minority Populations:

The Community Coalition Summer Initiative goal is to provide services and activities specifically to under-served or underrepresented populations. Outreach to those specific populations will be the primary effort.

Services and activities will be provided to all participants at designated locations.

Staff Comment: Access to rural residents is limited; primary population is underserved/underrepresented minorities.

Residency: Total Served in PY2018 = 879 and in PY2019 = 623

Champaign Set	552 (62.8%) for PY18	335 (53.8%) for PY19
Urbana Set	241 (27.4%) for PY18	239 (38.4%) for PY19
Rantoul	86 (9.8%) for PY18	45 (7.2%) for PY19
Mahomet	0 (.0%) for PY18	0 (.0%) for PY19
Other Champaign County	0 (.0%) for PY18	4 (.6%) for PY19

Demographics: Total Served in PY2018 = 879

Age

Ages 0-6 -----	38 (4.3%)
Ages 7-12 -----	234 (26.6%)
Ages 13-18 -----	607 (69.1%)

Race

White -----	37 (4.2%)
Black / AA -----	786 (89.4%)
Asian / PI -----	3 (.3%)
Other (incl. Native American and Bi-racial) -	53 (6.0%)

Gender

Male -----	520 (59.2%)
Female -----	359 (40.8%)

Ethnicity

Of Hispanic / Latinx origin -----	22 (2.5%)
Not of Hispanic/Latinx Origin -----	857 (97.5%)

Program Performance Measures

CONSUMER ACCESS:

Eligibility for the services and activities include youth at risk and under-served community members throughout Champaign County. Each contracted service partner will determine eligibility through its service or activity registration process. Each contracted service partner will provide public information and outreach to eligible participants for and under-served community areas throughout Champaign County. The Champaign County Community Coalition will promote programs and activities at its regular community meetings

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: Not applicable due to the specialized and limited focus of the program.

Additional Demographic Data: None.

Staff Comment: Program comprised of various subcontracts to provide summer programming. Eligibility to participate in any program awarded a contract is tied to the eligibility requirements of the entity managing the given summer activity. The subcontracts tend to be small and used to support existing programs enabling them to serve more children and youth.

CONSUMER OUTCOMES:

Not applicable due to the specialized and limited focus of the program.

Outcome gathered from all participants? No. Not applicable due to the specialized and limited focus of the program.

Anticipate 1,875 total participants for the year.

Will collect outcome information once (at the completion of the initiative).

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

Estimated level of change for this outcome is: Not applicable due to the specialized and limited focus of the program.

Staff Comment: No attempt is made to collect outcome data. Due to the volume of contracts and average award it is unlikely any measurement of impact beyond number served and demographic data could be expected.

UTILIZATION:

Non-Treatment Plan Clients (NTPCs): 875 - Due to the nature and purpose of the Summer Initiative program, all participants are Non-Treatment Plan Clients.

Service Contacts (SCs): 17,600 total number of engagements by partner organizations, with each participant, from all services and activities.

Community Service Events (CSEs): 60 meetings with contracting organization, Community meetings, planning meetings for program.

Other: 1,000 participants engaged in summer initiative group activities related to anti violence, racial harmony, community advocacy education and training, peace initiatives, etc.

Staff Comment: Targets are adjusted for PY20, but based on past performance of NTPCs and SCs those targets may be over optimistic. Client and service activity descriptions are consistent with PY19.

PY20 Annual targets (per Utilization Form)

	NTPC	SC	CSE	OTHER
Annual Target	875	17600	60	1000
From submitted quarterly Service Activity reports:				
PY19 Mid-Year Total	623	12460	56	1000
PY19 Target	900	18000	60	1000
PY18 Full-Year Total	879	0	60	
PY18 Target	1200	6000	270	

Financial Analysis

PY20 CCMHB Funding Request: \$107,000

PY20 Total Program Budget: \$107,000

Current Year Funding (PY19): \$107,000

Proposed Change in Funding - PY19 to PY20 = 0.0%

PY19 request was for \$107,000

PY18 request was for \$107,000 and award \$107,000

PY17 request was for \$107,000 and award \$107,000

CCMHB request is for 100% of total program revenue.

Staff Comment: Funding is to support various subcontracts, amounts to be determined.

Expenses: Primary expense is subcontracts with organizations, charged to General Operating at \$96,300 (90%). Other expenses are: Professional Fees/Consultants \$10,700 (10%).

Staff Comment: Total Agency Budget Shows a surplus of \$74,439. Total Program and CCMHB Budgets are balanced.

The Professional Fees/Consultants line is an administrative charge by DMGBC to manage the contract.

Program Staff - CCMHB Funds: 0 Total Program Staff: 0

Staff Comment: DMBGC serves as fiscal agent, managing the subcontracting process in coordination with the Champaign County Community Coalition Executive Committee.

Audit Findings: No negative findings in the PY18 audit. 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

Priority: System of Care for Children, Youth, Families: Proposal is associated with the work of the Champaign County Community Coalition. Targets at-risk and/or multi-system involved children and youth. Through subcontracts, expands access to wide range of summer programs/activities.

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

Don Moyer Boys and Girls Club provides programming for youth in the community; in addition, several programs provide services for Champaign County youth, family, children's mental health awareness activities, and trauma informed training. In the CLC Plan, all staff and board members will receive annual cultural competence training. All staff members read and sign the CLC Plan annually, and each program serves a unique target population so that many strategies of engagement and outreach are used to reach marginalized and underserved populations of Champaign County. The policy for Language and Communication assistance is outlined in the employee handbook and is updated annually. Two to four opportunities will be provided at Club youth/families' events to discuss services which have been delivered. An annual satisfaction survey will be given to youth and families to evaluate programs and services offered by the DMBC. Each year the CLC Committee assesses the physical facility to reflect the population of focus, to be welcoming, clean, and attractive by providing cultural art, magazines, refreshments and community meeting space. The CLC Plan actions matched the National CLAS Standards, and the updated CLC Plan template was utilized for FY 2020.

Overarching Decision Support Criteria:

Underserved Populations and Countywide Access: *Proposal targets children/youth with multi-system involvement, providing expanded opportunities to participate in supervised activities in the summer. Majority of programming occurs within Champaign and Urbana. Some subcontract(s) may support Rantoul summer programs.*

Inclusion and Anti-Stigma: *Application does not speak to whether any subcontracts address stigma or inclusion.*

Outcomes: *None proposed, utilization data on number will be provided along with list of subcontracted programs.*

Coordinated System: *Response is a broad statement on absence of services available during summer months. Not mentioned: Champaign County Community Coalition plays an integral role in coordinating the summer initiative contract with Don Moyer Boys and Girls Club; and, approximately fourteen different subcontracts will be issued supporting a wide range of summer activities.*

Budget and Program Connectedness: *Proposal is to fund a number of subcontracts and administrative costs. Some past subcontracts have been awarded to CCMHB funded agencies/programs.*

Technical Criteria

Approach/Methods/Innovation: *No research supporting value of summer enrichment, academic support, or violence prevention is referenced. Response indicated "not applicable."*

Evidence of Collaboration: *No past entities receiving subcontracts listed or reference to the Community Coalition.*

Staff Credentials: *Purpose of the proposal is to pass through funds to various summer programs serving children and youth. Agency has performed this function for several years.*

Resource Leveraging: *CCMHB is sole funder of the program. However, the subcontracts are not the sole source of funding for the summer programs/activities. CCMHB funds supplement these existing activities enabling more children and youth to be served.*

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:

- *care must be taken by subcontractors which are other CCMHB funded programs to clarify revenue from Summer Initiatives and to report utilization separately*
- *all subcontract agreements should be made available to CCMHB (a standard contract requirement)*

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: Don Moyer Boys & Girls Club / Program: CUNC

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$110,195

PY20 Total Program Budget: \$164,495

Current Year Funding (PY19) N/A, though PY19 contract with CUAP is basis for the proposed program, at \$50,000

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

Focus of Application: Mental Health

Type of Contract: Grant

Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population:

The CU Neighborhood Champions (CUNC) Project builds healthy youth, families, and communities through implementation of and advocacy for trauma-informed and community-based practices and principles. CUNC (part of the CU Trauma and Resiliency Initiative) is a project of the Champaign County Community Coalition. It focuses on the needs of three populations:

- a) Youth, young adults and families living in areas affected by high rates of domestic violence and gun-related violence. These neighborhoods are Garden Hills, the Historic North End (First Street to Goodwin East to West), University and Bradley (North to South), and East Urbana. Also, Fresh Start participants and their families/partners are served when needed.
- b) Community-level peer “connectors” such as business and faith leaders plus “natural caregivers” like parents, grandparents, child-care workers, school volunteers, and others.
- c) Social service workers, social workers, youth service providers, educators, mental health professionals, behavioral health professionals, and others who provide services and support to individuals impacted by traumatic stress and traumatic community experiences.

CU Neighborhood Champion teams are a component of the CU Trauma and Resiliency Initiative which provides education, training and advocacy for Champaign County to become a trauma informed county.

Staff Comments: Populations served are clearly described. Program serves residents of neighborhoods disproportionately impacted by community violence, natural support networks within these communities, and professionals engaging with those impacted by trauma.

Scope, Location, & Frequency of Services:

CU Neighborhood Champions supports and empowers the affected individuals and families through care teams comprised of volunteers, educators, mental health and/or professionals. Each team (3-4 per team) provides short-term crisis support using a wraparound model that is trauma-informed, strength based, culturally responsive, family-driven, collaborative, and restorative. Families/individuals are given concrete help depending on their needs and strengths. Using a wraparound framework administered in a trauma-informed, resiliency-building approach, participants receive a combination of supports while progressing through the six Skills for Psychological Recovery (SPR) steps:

- Gathering Information and Prioritizing Assistance helps survivors identify their primary concerns so that responders and the family can rank their needs.
- Building Problem-Solving Skills teaches survivors the tools to breaking down problems into more manageable chunks, a range of ways to respond, and how to create an action plan to move forward.
- Promoting Positive Activities guides survivors in how to add meaningful and positive activities to their schedules, so as to build resilience and bring more fulfillment and enjoyment into their lives.
- Managing Reactions helps survivors and their families better understand and manage distressing physical and emotional reactions and plan for triggers and reminders.
- Promoting Helpful Thinking assists survivors and their families in learning more beneficial thought patterns

(promoting resiliency-based, strength-based, pro-social cognitive thinking and behaviors).

- Rebuilding Healthy Social Connections encourages survivors to access and enhance their social and community supports while keeping their current post-disaster recovery circumstances in mind.

When feasible, the Champions team members work with TRUCE Peaceseekers who provide de-escalation/violence interruption and conflict resolution/mediation supports. This model and framework is inherently collaborative and encourages culturally responsive, community based and natural supports. It also prioritizes the utilization of existing resources. Most of the services and supports will be provided within the targeted community or at locations of the family’s, victim’s or survivor’s choice. Also, we anticipate there might be times when the intervention begins in the emergency room or at the hospital after an incident of community violence. The protocol we are developing will have some on-call 24-7.

Staff Comments: Proposal is to implement wraparound teams to engage survivors and others impacted by violence. The teams (how many is not indicated) will apply a trauma informed resiliency building approach and supports for the individual(s) to develop the skill sets necessary for recovery. Not addressed in the service section are services or activities directed at the broader community or professionals identified in the target population section (b and c).

Access to Services for Rural Residents:

Data from local law enforcement shows what incidents of community violence have primarily been centralized in Champaign, Urbana, and Rantoul. The larger CU-TRI collaboration provides education, advocacy and training activities for communities outside of CU. If there are incidents of community violence that occur in rural areas, CUNC will respond to these family's needs in their local communities.

Access to Services for Members of Underrepresented/Minority Populations:

Contacting and reaching the target population requires a multilevel trust-building approach:

- Flyers, brochures and marketing materials have been designed with input from members of the target population and are subject to revision according to ongoing input.
- Social marketing that uses natural informal networks (ex. Facebook).
- Contacting and educating the natural caregivers of those who are underserved.
- The consistent presence of the Community Liaison or Responders at events attended by underrepresented people.
- Implementing a model that has been designed, tweaked, and implemented slowly with input from the targeted population
- Partnering with the Latino and Congolese community liaisons to ensure that materials are available in their native languages and linguistically competent responders are prepared to serve as needed.

Individuals from underserved and underrepresented communities will be served in their neighborhood or community unless they identify alternative preferable locations. We will meet people wherever they are and where ever we are requested.

Staff Comments: Efforts are concentrated in urban areas of the county experiencing community violence. Various methods are employed to get information about CUNC and community resources out to affected neighborhoods.

Residency & Demographic Data from CUAP CUNC contracts similar to (and basis of) the proposed program:

Residency: Total Served in PY2018 = 13 and in first half of PY2019 = 5

Champaign Set: 6 (46.1%) for PY18 1 (20%) for PY19

Urbana Set: 5 (38.5%) for PY18 4 (80%) for PY19

Rantoul: 2 (15.4%%) for PY18 0 (0%) for PY19

Demographics: Total Served in PY2018 = 13

Age: Ages 13 – 18 ----- 2 (15.4%)

Ages 19-59 ----- 7 (53.8 %)

Ages 60-75+ ----- 4 (30.8 %)

Race: Black / AA ----- 13 (100%)

Gender: Male ----- 3 (23%)

Female ----- 10 (77%)

Ethnicity: Of Hispanic / Latinx origin ----- 0 (0%)

Not of Hispanic/Latinx Origin ----- 9 (100%)

Program Performance Measures

CONSUMER ACCESS:

Anyone within our target population--individuals impacted by gun violence, community violence or connected to the Fresh Start effort will be eligible. The only possible exclusionary criteria would be:

- If law enforcement deem the safety risk too high
- If there are significant substance abuse or mental health needs that impede successful care. Then, the Champion teams would work with existing crisis and mental health supports to obtain the proper level of care needed. We collect basic data at the point of the referral; if they are eligible, they are offered services. We also conduct a “strengths and needs” assessment during our initial meetings. Individuals will be notified about the program through multiple access points: community education, law enforcement informational cards, schools, medical facilities, TRUCE Peaceseekers, ministers/faith connectors, and community members. We will be available at community meetings and events.

Within 2 days from referral, 50% of those referred will be assessed.

Within 7 days of assessment, 75% of those assessed will engage in services.

People will engage in services, on average, for 12-15 weeks.

Additional Demographic Data: It is optional but individuals who fully complete a response plan may provide: Family household data, current/former service involvement/use, and information about schools.

Staff Comments: Eligibility tied to exposure to violence. Ability to respond and provide supports conditioned on safety and level of need. Assessment tool is not identified; per consumer outcome narrative, program intends to create its own assessment tool. Timeframes with targets identified for referral through engagement.

CONSUMER OUTCOMES:

1. Referrals to the Program (100): Survivors of gun violence (past and future), primarily referred by law enforcement, hospital staff, schools, the family community and self-referral sources.
2. Crisis Response Services (65): These cases require immediate response within two hours after an incident of violence. We anticipate that CUNC is called to incidents of significance, such as when children are involved, when the survivor has complex needs, when the survivor is a minor or a senior, or when the survivor's needs require an immediate response.
3. Information, Linkage and Engagement Contacts (255): Every individual/family referred to the program usually needs some resource and/or a connection to a resource or support.
4. 40 individuals served and have comprehensive plans (using the wraparound model)
5. We need to create an assessment tool that complements the SPR model. Although each plan is individualized, we anticipate that 75% of participants who receive at least 12 weeks of Champions/Responder supports will report:
 - That they felt supported and reconnected back to their community
 - That 90% will reach their short term planned goals and objectives
 - That 100% will have identified a natural or a community resource
 - That 100% will receive information about trauma, toxic stress, PTSD and will understand these things better
 - 80% will report Champions understood their needs, were culturally responsive and that the support was useful.

Measured by:

1. Referral data is collected via referral forms
2. Service logs collect the number of crisis response services and service contacts
4. Support 'wraparound' plans document the plan related goals
5. A “to-be-created” survey given at the completion of services to evaluate the intervention's outcomes.
6. Obtain releases from and work in collaboration with community organizations who also collect and monitor this type of data to measure the longterm impact of this intervention/support.

Outcome gathered from all participants? No. Our efforts are completely voluntary and nothing will be imposed on individuals if that would be a barrier to access/services. Outcome data is only collected on individuals who “formally” agree to receive Champions reports. “Formally” means that they have completed a full baseline assessment, have a team, and have a completed wraparound plan.

Anticipate 165 total participants for the year.

Will collect outcome information: Intake and referral data - at entry. Outcome and assessment data - at end of services.

Is there a target or benchmark level for program services? Yes. Benchmarks come from the research on “best practices to help individuals who have been impacted by community crisis, to help individuals become more resilient.

Estimated level of change for this outcome is: to respond to every individual who has been impacted by gun violence.

Staff Comments: Portions of Consumer Outcome response relate to access and utilization. Assessment tool and evaluation survey are to be created. Outcomes with performance targets are identified. Clients fully engaging in services (TPCs – see definition below) are those from whom outcome data will be collected and reported.

UTILIZATION:

Treatment Plan Clients (TPCs): 40 supported with a wraparound plan, having completed a needs/strength assessment.

Non-Treatment Plan Clients (NTPCs): 35 receiving crisis only support but not formally enrolled in the effort.

Service Contacts (SCs): 255 linkage, engagement, referral, and support calls to those referred or receiving services or supports via this effort.

Community Service Events (CSEs): 23 = total of: 2 (8 session Healing Solutions - 40 hour trainings)= 16; 2 (2 session Mini Intensive 20 hour trainings)= 4; 9 (monthly champions/responder support/continuing education events) and, 4 (community events - events for survivors, volunteers or the larger community)

Staff Comments: Past utilization listed below is from the PY18 and PY19 CUAP CUNC contracts. Program is placing a greater emphasis on client engagement (TPC/NTPCs) than in the past. CSEs may reflect activities to build capacity of Champion Responder teams as well as to educate community natural support systems and professionals, activity that was not specifically referenced in the service section.

PY20 Annual targets (per Utilization Form)

	TPC	NTPC	SC	CSE	Other
Annual Target	40	35	255	23	

From CUAP CUNC submitted quarterly Service Activity reports:

PY19 Mid-Year Total	0	6	22	34	382
PY19 Target	0	15	50	70	300
PY18 Full-Year Total	6	13	60	64	380
PY18 Target	0	30	70	70	290

Financial Analysis

PY20 CCMHB Funding Request: \$110,195

PY20 Total Program Budget: \$164,495

Current Year Funding (PY19): N/A - a New proposal

Proposed Change in Funding - PY19 to PY20 N/A – A New proposal

(As an expansion of efforts partially funded through the CUAP CUNC PY19 contract, with volunteer support through CU Trauma and Resiliency, comparison with previous contracts and data may be helpful:)

PY19 request for a component of this program, through CUAP, was for \$64,347, and award for \$50,000

PY18 request (component, through CUAP) was for \$95,538 and award \$20,000

PY17 request (component, through CUAP) was for \$19,189 and award \$19,189

CCMHB request is for 67% of total program revenue. Other from In-Kind Contributions - various = \$54,300 (33%).

Expenses: Personnel related costs of \$80,972 are the primary expense charged to CCMHB at 73% of \$110,195. Other expenses are: Professional Fees/Consultants \$3,000 (3%), Consumables \$3,000 (3%), General Operating \$18,973 (17%), Specific Assistance \$3,250 (3%), and Equipment Purchases \$1,000 (1%).

Staff Comments: Total Agency budget shows a surplus of \$74,439; Total Program a surplus of \$54,300, but because these are from In-Kind Contributions, these expenses should be accounted for in the Program Budget (as has been done in Budget Narrative). Total CCMHB budget is balanced. Professional Fees may be meant to cover audit costs. General operating includes administrative fee of \$14,373 equal to 15% of request. Specific assistance includes funds to support Champion Responders operating in the community and resources to meet emergency needs of those the Responders assist. Consumables supports training and other community events. Budgeted expenses align with proposed scope of services.

Program Staff - CCMHB Funds: 0 FTE Indirect and 1.50 FTE Direct. Total CCMHB = 1.50 FTEs.

Total Program Staff: 0 FTE Indirect and 1.50 FTE Direct. Total Program = 1.50 FTEs .

Staff Comments: All staff are involved in delivering services (Direct). CUNC Director is half-time and CUNC Coordinator is fulltime. The Coordinator position is a new position (i.e., not currently funded through another agency contract.)

Audit Findings: N/A. A new request. If selected for PY20 funding, this program would be audited with other DMBGC.

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

Priority: System of Care for Children, Youth, Families: *Program proposes using wraparound team(s) trained in trauma informed care to aid people and communities experiencing violent events.*

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

Don Moyer Boys and Girls Club provides programming for youth in the community; in addition, several programs provide services for Champaign County youth, family, children's mental health awareness activities, and trauma informed training. In the CLC Plan, all staff and board members will receive annual cultural competence training. All staff members read and sign the CLC Plan annually, and each program serves a unique target population so that many strategies of engagement and outreach are used to reach marginalized and underserved populations of Champaign County. The policy for Language and Communication assistance is outlined in the employee handbook and is updated annually. Two to four opportunities will be provided at Club youth/families' events to discuss services which have been delivered. An annual satisfaction survey will be given to youth and families to evaluate programs and services offered by the DMBC. Each year the CLC Committee assesses the physical facility to reflect the population of focus, to be welcoming, clean, and attractive by providing cultural art, magazines, refreshments and community meeting space. The CLC Plan actions matched the National CLAS Standards, and the updated CLC Plan template was utilized for FY 2020.

Overarching Decision Support Criteria:

Underserved Populations and Countywide Access: *In that the program proposes a targeted response to neighborhoods experiencing violent incidents, countywide access is not a function of the program though staff would support rural residents in the wake of violence.. Various approaches to build trust within affected populations/communities are planned.*

Inclusion and Anti-Stigma: *Model is trauma-informed, reducing stigma as does approach to community engagement.*

Outcomes: *Outcomes and performance targets are identified. Assessment tool and evaluation survey are to be developed.*

Coordinated System: *Various community resources tied to crisis response are noted. CUNC attempts to fill a void within the system by providing post-crisis intervention and supports. Commitment to coordination/collaboration with other crisis services and community resources is expressed.*

Budget and Program Connectedness: *Budget Narrative contains adequate descriptions of anticipated revenues, expenses, and the role of staff attributed to this contract. However, some expense lines appear to be missing, including explanation of what the \$3,000 in Professional Fees/Consultants will cover; audit cost would be appropriate.*

Technical Criteria

Approach/Methods/Innovation: *Models forming the basis for proposed approach and associated research supporting it use is referenced. Links to the various sources are provided.*

Evidence of Collaboration: *Written agreements with some partner organizations are in place. Other entities with whom agreements will be pursued are listed. Work of CUNC has been endorsed by Champaign County Community Coalition.*

Staff Credentials: *Qualification of the CUNC Director and to be hired Coordinator are referenced. Includes education, training, community organizing, and work experience as well as relationship back to affected communities. Volunteers will be trained and have ties back to the community too.*

Resource Leveraging: *No, CCMHB would be the sole source of support, as it has been for the similar PY19 program. Given the severity of gun violence in Champaign and Urbana and the lack of other interventions targeting residents of effected neighborhoods, city staff and officials are closely involved in this work, which would be greatly enhanced by additional local 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:*

- funds for fulltime CUNC Coordinator position should be withheld and pro-rated once position(s) filled.*
- revise expense form to show in-kind in Total Program and complete the budget narrative descriptions.*

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: Don Moyer Boys & Girls Club
Program: Youth & Family Services

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$160,000
PY20 Total Program Budget: \$160,000
Current Year Funding (PY19): \$160,000
Proposed Change in Funding - PY19 to PY20 0 %

Focus of Application: Mental Health
Type of Contract: Grant
Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population:

Parents/caregivers and child-serving organizations, in Champaign County:
Parents and caregivers of youth who have been: clinically diagnosed; experiencing social, emotional, and behavioral challenges; have a history of trauma; involved with the juvenile justice, mental health or child welfare system.
Child-serving systems, social service agencies, family support organizations, faith-based organizations, civic/social groups and other community-based entities interested in improving outcomes for families rearing youth with emotional and behavioral challenges.

Staff Comment: Two distinct "populations" are targeted for assistance. The first are families/caregivers needing help navigating various systems, sometimes multiple systems. The second is the systems themselves and the organizations operating within them.

Scope, Location, & Frequency of Services:

Peer Support: parents/caregivers are partnered with a peer who has successfully navigated multiple child-serving systems and overcome significant challenges to improve outcomes for their child and their family's well-being. Support typically consist of peer mentoring, linkage and engagement to resources and short/long term community support services (attend IEP meetings; court hearings; review IEP's; apply for public assistance etc.)

Public Education: open workshops and trainings for parents/caregivers to provide support and education on social and emotional challenges and Systems of Care values and principles that impact youth and families engaged in multiple systems. The workshops and trainings are preventative and designed to offer families with needed information, support, and resources to make informed decisions specific to their family and child's individual and unique needs.

Technical Assistance and Training: consultation, trainings, and webinars that focus on System of Care values and principles to child-serving systems, social service agencies, family support organizations, faith-based organizations, civic/social groups and other community-based entities.

We are requesting funding from CCMHB for Peer Support, Public Education, Technical Assistance and Training. Services and programs will be available to residents and child-serving systems in Champaign County. Families can self-refer or be referred through other programs and child-serving organizations. Meeting places, times and mode of communication will vary based on the need of the family which includes but is not limited to evenings, weekends and crisis support. In accordance and alignment with SOC values of offering family-driven services and supports, the primary focus to engaging parents/caregivers is determined solely by the family. This includes but, is not limited to determining the types and mix of services and supports provided.

Staff Comment: Scope of services mirrors those of prior years. The program has its origins in the Access Initiative in the role of providing peer support to youth and families with multi-system involvement, giving them a voice at the table and effecting change at the systems level. That dual focus is embodied in the proposed services. For families, it is peer

support while they are engaged in child serving systems. These systems can be education, juvenile justice, child welfare, and healthcare. The other two service components are tied to system of care: public education through workshops and trainings about the challenges families face in navigating systems and how they can be supported through that process; technical assistance and training targeted to the systems level, engaging policymakers, stakeholders and providers.

Access to Services for Rural Residents:

Over the years of working with families in rural communities we have found that connecting with school districts have been the most helpful. So, we will seek strategic relationships with the districts in order to raise awareness about the services and supports families can access through our organization. As with all family-driven services, rural residents will receive services and supports in places (ie. home, school, community space) that best meet the need of the family.

Access to Services for Members of Underrepresented/Minority Populations:

Peer support is a non-traditional service and support that is growing in popularity and use throughout the United States. The peer supporter with “lived experience” is the foundation to effectively engaging underserved/underrepresented minority populations. The peer serves as a cultural broker as well as, a systems navigator. The key to engaging and serving underserved/underrepresented minority population is to match them with a well-developed and trained peer supporter. Underserved/underrepresented groups will receive services and supports in places (ie. home, school, community space) that best meet the need of the family.

Staff Comment: For rural access, peer supports are promoted through contact with rural school districts. For underrepresented/minority populations, families are matched with peers with similar lived experiences. All peer support contacts occur in natural settings as determined by the family served.

Residency: Total Served in PY2018 = 34 and in first half of PY19 = 31.

Champaign Set	9 (26.5%) for P18	9 (29.0%) for P19
Urbana Set	9 (26.5%) for P18	4 (12.9%) for P19
Rantoul	13 (38.2%) for P18	15 (48.4%) for P19
Mahomet	1 (2.9%) for P18	0 (.0%) for P19
Other Champaign County	2 (5.9%) for P18	3 (9.7%) for P19

Demographics: Total Served in PY2018 = 34

Age	
Ages 7-12 -----	7 (20.6%)
Ages 13-18 -----	1 (2.9%)
Ages 19-59 -----	25 (73.5%)
Ages 60-75+ -----	1 (2.9%)
Race	
White -----	18 (52.9%)
Black / AA -----	16 (47.1%)
Gender	
Male -----	8 (23.5%)
Female -----	26 (76.5%)
Ethnicity	
Not of Hispanic/Latinx Origin -----	34 (100.0%)

Program Performance Measures

CONSUMER ACCESS:

The eligibility criteria for Youth & Family Services is for the family to have a child who has been clinically diagnosed with a social, emotional or behavioral disorder and/or who is exhibiting social, emotional or behavioral challenges that negatively impact academic performance, healthy socialization, or family/community relationships. Criteria is met based upon self-disclosure that the child has a clinical diagnosis and/or expressed concern that their child’s academic, socialization, or family/community relationships are being negatively impacted by the child’s behavior.

Families learn about our program through word of mouth, community service events, the Alliance website, FaceBook and organizations we have MOU’s with.

Within 14 days from referral, 70% of those referred will be assessed.

Within 14 days of assessment, 70% of those assessed will engage in services.

People will engage in services, on average, for 9-12 months.

Additional Demographic Data: primary and secondary systems involvement (education, juvenile justice, child welfare, developmental disability, mental health) and mental health diagnosis, if applicable.

Staff Comment: Eligibility and engagement with families is described. Omitted is how systems level engagement is to occur.

CONSUMER OUTCOMES:

We use the FAST (Family Assessment Tool) to assess families.

Types of Support: 75% Parents/caregivers will report a greater breadth of types of supporters they have access to when facing the challenge of raising a youth with emotional behavioral needs.

Presence of Support: 75% of parents/caregivers receiving peer parent support will report greater consistency of support from important people in their life.

Acceptance of Support: 75% of parents/caregivers will report greater acceptance from people in their lives with regards to their life choices and decisions.

Systems self-efficacy: 75% of parents/caregivers will report greater efficacy when interacting with systems when voicing ideas to professionals.

Coping with Stress: 75% of parents/caregivers will report greater coping with stress when they face challenges in their lives.

The peer supporter assists the parent/caregiver with completing the FAST (Family Assessment Tool; developed by the National Wraparound Implementation Center (NWIC)). This tool has six domains designed to help the peer supporter and parent/caregiver to determine the type and array of support needed for their family. Listed below are the domains and the rationale.

Measured by:

Types of Support: Breadth of possible supports that a family has access to.

Presence of the Family's Support System: The presence of a strong social support network associates with increased resiliency (i.e. spouse/significant other, friend, family member, neighbor, faith community etc.)

Acceptance of the Family's Support System: Isolation blame and shame can have an impact on entire family. The focus on acceptance results in more confidence; which in turn results in a greater ability to manage challenges successfully.

System Receptivity: A major predictor of desired outcomes in family-centered care in is the amount of "voice" families have in service planning. If you want a good outcome, families need to be listened to and heard.

Coping with Stress: Stress is associated with a wide of range of physical and emotional ailments. Reducing caregiver stress is increasingly a focus of both medical and behavioral health systems research.

Transitions: Transitions can be stressful for the whole family, especially when the family is going it alone.

Outcome gathered from all participants? No. Outcome information will be gathered from TPC only.

Anticipate 100 total participants for the year.

Will collect outcome information every 90 days.

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

Estimated level of change for this outcome is:

Types of Support: 75% parents will report a greater breadth of types of supporters they have access to when facing the challenges.

Presence of Support: 75% of parents receiving peer parent support will report greater consistency of support from important people in their life .

Acceptance of Support: 75% of parents will report greater acceptance from people in their lives

Systems self-efficacy: 75% of parents will report greater efficacy when interacting with systems when voicing ideas to professionals.

Coping with Stress: 75% of parents will report greater coping with stress when they face challenges in their lives.

Staff Comment: Outcome, evaluation tool, and performance goals are identified for peer support activity only. Outcomes selected are directly related to the domains the evaluation tool is designed to measure.

UTILIZATION:

Treatment Plan Clients (TPCs): 30 parents/caregivers who have completed our intake and enrollment process with the development of a service plan.

Non-Treatment Plan Clients (NTPCs): 70 parents/caregivers who may have completed intake and enrollment process, but haven't developed a service plan; these families will still have access to linkage and engagement services this includes short-term community support services (attend IEP meetings; court hearings; review IEP's; apply for public assistance etc.); and/or youth and parents who contact us via phone or the website for linkage and engagement information.

Service Contacts (SCs): 500 unduplicated face-to-face and phone contacts.

Community Service Events (CSEs): 50 - public presentations, stakeholder meetings, agency meetings, etc.

Staff Comment: Targets for TPC, NTPC, and SC service categories have been lowered. Past performance and reduced staffing raise questions about meeting new targets. Not measured or tracked is program's efforts at systems level change. This may be part of activity associated with CSEs but is not referenced in the definition associated with this service category.

PY20 Targets, per Utilization Form, Part II:

	TPC	NTPC	SC	CSE
PY20 Target	30	70	500	50

From submitted quarterly Service Activity reports:

PY19 Mid-Year Total	16	15	207	17
---------------------	----	----	-----	----

PY19 Target	70	115	1500	50
-------------	----	-----	------	----

PY18 Full-Year Total	39	19	779	62
----------------------	----	----	-----	----

PY18 Target	78	144	2400	45
-------------	----	-----	------	----

Financial Analysis

PY20 CCMHB Funding Request: \$160,000

PY20 Total Program Budget: \$160,000

Current Year Funding (PY19): \$160,000

Proposed Change in Funding - PY19 to PY20 = 0.0%

PY19 request was for \$160,000

PY18 request was for \$160,000 and PY18 award was for \$160,000

PY17 request was for \$160,000 and PY17 award was for \$160,000

CCMHB request is for 100% of total program revenue.

Expenses: Personnel related costs of \$94,550 are the primary expense charged to CCMHB at 59% of \$160,000. Other expenses are: Consumables \$29,450 (18%), General Operating \$31,000 (19%), and Local Transportation \$5,000 (3%).

Staff Comment: Total Agency Budget Shows a surplus of \$74,439, Total Program and CCMHB Budgets are balanced.

Several expenses, though reasonable and related to the program services, are attributed to the wrong categories, and audit cost not budgeted. For example, General Operating expense line lists Professional Services associated with an Independent Accountant for \$3,000 that should appear on the Professional Fees/Consultants line. Clarification on the role of independent accountant is needed. The General Operating line also includes an administrative fee of \$24,000 and \$500 for a grant consultant.

Program Staff - CCMHB Funds: 0.88 FTE Indirect and 0.56 FTE Direct. Total CCMHB = 1.44 FTEs.

Total Program Staff: 0.88 FTE Indirect and 0.56 FTE Direct. Total Program = 1.44 FTEs.

Staff Comment: Compared to PY19, there is a downward shift in direct and upward shift in indirect personnel time allocated to the program. Direct staff time has decreased from 1.66 FTE in PY19 to .56 FTE in PY20, and indirect staff time increased from .66 FTE in PY19 to .88 FTE in PY20. The two direct staff supported with CCMHB funds are listed as part-time (.2 FTE and .36FTE). The .2 FTE position is currently vacant.

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

Priority: System of Care for Children, Youth, Families: Program aligns with criteria providing peer supports to families/caregivers with system involved children/youth, educates community on system of care values and challenges families face navigating systems, and works to effect change at the systems level.

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

Don Moyer Boys and Girls Club provides programming for youth in the community; in addition, several programs provide services for Champaign County youth, family, children's mental health awareness activities, and trauma informed training. In the CLC Plan, all staff and board members will receive annual cultural competence training. All staff members read and sign the CLC Plan annually, and each program serves a unique target population so that many strategies of engagement and outreach are used to reach marginalized and underserved populations of Champaign County. The policy for Language and Communication assistance is outlined in the employee handbook and is updated annually. Two to four opportunities will be provided at Club youth/families' events to discuss services which have been delivered. An annual satisfaction survey will be given to youth and families to evaluate programs and services offered by the DMBC. Each year the CLC Committee assesses the physical facility to reflect the population of focus, to be welcoming, clean, and attractive by providing cultural art, magazines, refreshments and community meeting space. The CLC Plan actions matched the National CLAS Standards, and the updated CLC Plan template was utilized for FY 2020.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *Proposes to serve multi-system involved youth and families though number served is low. Program is open to referrals from anywhere in Champaign County but past engagement has been limited to larger communities, primarily Champaign, Urbana, and Rantoul.*

Inclusion and Anti-Stigma: *Proposal cites peer support is based on concept of inclusion and reduction of stigma through supportive relationship with others having lived experience.*

Outcomes: *Access and consumer outcomes are identified but limited peer supports provided to families/caregivers.*

Coordinated System: *Response listed as NA by applicant. However, other organizations do provide peer supports and advocacy within Champaign County. That the program has executed collaboration agreements is evidence of coordination with other providers.*

Budget and Program Connectedness: *Budget Narrative relates to program plan narrative and provides adequate descriptions of revenue (CCMHB is single source), expenses (some in wrong categories), and staff in the program. Personnel expense finds cost for indirect staff is two times higher than cost allocated to support direct staff.*

Technical Criteria

Approach/Methods/Innovation: *Program cites sources supporting value of peer support/lived experience in assisting others navigating systems. No sources are cited on systems of care. Links are provided.*

Evidence of Collaboration: *Written agreements with various social service providers are listed. Program mentions close working relationship with juvenile probation.*

Staff Credentials: *Primary qualification of peer support staff is willingness to disclose lived experience to others. Other basic employment qualifications are noted.*

Resource Leveraging: *CCMHB is sole funder for 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:*

- Revisions to Expense form and Budget Narrative, to assign costs to appropriate categories and cover audit cost.*
- Clarification on role of Independent Accountant is needed, as is role of grant consultant.*

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: DREAAM House / Program: DREAAM

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$80,000
PY20 Total Program Budget: \$217,000
Current Year Funding (PY19): \$80,000
Proposed Change in Funding - PY19 to PY20 = 0%

Focus of Application: Mental Health
Type of Contract: Grant
Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population:

DREAAM targets both boys and their families through a comprehensive service array of evidence-based and culturally responsive programs. These programs align with the sustainability goals of the ACCESS Initiative and continue the work of the system of care development and expansion efforts. The primary target population is marginalized boys between the ages of 7-13 and secondary is their parents and caregivers meeting the following criteria:

1. Boys who are experiencing emotional, academic and behavioral challenges with a moderate to high risk of involvement with the special education, mental health, and/or child welfare systems.
2. Boys with an incarcerated parent and/or experiencing father deprivation.
3. Boys without access to physical activity and opportunities to improve health and wellness.
4. Parents/caregivers of boys ages 7-12 experiencing and/or at-risk of developing challenging behavior and/or with a diagnosed mental health disorder.
5. Parents/caregivers living with chronic stress and low emotional and social support.

This target population was selected based on local needs assessment data collected over three years. Findings included high school suspension, violence, and juvenile delinquency rates, underdeveloped social emotional skills, lack of coordinated services and high self-reports of stress and skill deficits among this target population of children and parents.

Staff Comment: There is a shift up in age from 5 to 12 to 7 to 13 for the children served by the program. Incarcerated parent or no father present, child physical wellness, and parent wellbeing are newly specified conditions qualifying child/family for services. Noted elsewhere is United Way funding supports services to 5 and 6 year old children.

Scope, Location, & Frequency of Services:

Multiple services coordinated to strengthen the social emotional health and resiliency of marginalized boys and their parents. These include out-of-school time programming, summer enrichment, physical activity, and family engagement.

1. Out-of-school time programming, referred to as the "Dream Big!" program, consists of after-school supports to address social emotional learning, conflict resolution, violence prevention, and literacy interventions. These services are community-based, provided five days a week, and offered in Champaign and Urbana through collaborations with the school districts.
2. Summer enrichment, referred to as the "Jumpstart to School" program, is essential as an extension of after-school supports and allows DREAAM to continue developing social emotional skills over the summer months. These services are offered in Champaign and Rantoul and housed primarily in schools or college campuses.
3. Physical health is important for mental health. Offered on Saturdays, DREAAM provides athletic programming, referred to as the "Sports+More" program, in Champaign, Urbana, and Rantoul to provide structured physical activity in high poverty neighborhoods. Social emotional learning is embedded in these services, in addition to teaching sports and physical fitness.

4. DREAAM has expanded to provide consistent and targeted services for parents and caregivers. Referred to as the “Parent Learning Community,” these services will include a curriculum called Effective Black Parenting (group-based), a support group for fathers, and access to trained parent coaches (individual support).

These multiple services will allow DREAAM to strengthen its overarching goal to build an opportunity pipeline and coordinated services, over time, for boys and young 5 – 24 years old. To align with the system of care framework, DREAAM scope of services are effective, coordinated, builds meaningful partnerships, and addresses cultural needs, in order to help them to function better at home, in school, in the community, and throughout life.

Location / Frequency: In FY20, DREAAM House is consolidating all youth programs (daytime and after-school) into one location. This decision was made to strengthen and to more clearly define systems and structures needed to provide high quality youth behavioral services. Dream Big! programming will be housed at University Place Church, which is located on the University of Illinois campus. This programming will occur Monday-Friday from 3:00pm - 6:00pm. Family services will mainly take place at First Presbyterian Church, which is located in downtown Champaign. Other locations will include community spaces, such as parks, schools, libraries, community centers, and gyms in Champaign County.

Staff Comment: Proposal outlines four distinct service components: after school, summer enrichment, physical health, and parent support. Spectrum and content of services continue to grow and develop.

Access to Services for Rural Residents:

Through DREAAM expansion to the Rantoul area, there is opportunity to serve residents in rural areas. In summer 2017, DREAAM served one family living in Thomasboro. A solution to engage and serve residents of rural areas is to create Saturday programming with targeted objectives and outcomes. Depending on the amount of CCMHB funding, this engagement strategy can be explored. For instance, the DREAAM Sports+More program is a service that could be implemented in rural areas. DREAAM values serving residents in their community and neighborhood. Rural residents could be served in their local schools, churches, and parks.

Access to Services for Members of Underrepresented/Minority Populations:

Since July 2015, DREAAM has served children and their families from underserved and underrepresented minority populations. Our participant population is culturally and racially diverse with a vast majority identifying as African American. We engage by using system of care principles to ensure services are family-driven and youth-centered. DREAAM boys and families will be served in a variety of spaces from community spaces, such as venues in the Douglas Park area to local churches to having the opportunity to interface on the University of Illinois campus. This variety of setting encourages boys to build the essential life skill of adaptability.

Staff Comment: Summer enrichment and Saturday physical activity programming includes presence in Rantoul. Potential for expansion to rural areas with continued CCMHB support. Primary population served to date has been underserved/underrepresented minority youth (male) populations. System of care principles are a key element of DREAAM House.

Residency: Total Served in PY2018 = 79 and in first half of PY2019 = 55

Champaign Set	58 (73.4%) for PY18	51 (92.7%) for PY19
Urbana Set	3 (3.8%) for PY18	1 (1.8%) for PY19
Rantoul	14 (17.7%) for PY18	0 (.0%) for PY19
Mahomet	1 (1.3%) for PY18	0 (.0%) for PY19
Other Champaign County	3 (3.8%) for PY18	3 (5.5%) for PY19

Demographics: Total Served in PY2018 = 79

Age	
Ages 0-6 -----	38 (48.1%)
Ages 7-12 -----	41 (51.9%)
Race	
White -----	3 (3.8%)
Black / AA -----	66 (83.5%)
Asian / PI -----	1 (1.3%)
Other (incl. Native American and Bi-racial)	9 (11.4%)
Gender	
Male -----	79 (100.0%)
Ethnicity	

Of Hispanic / Latinx origin ----- 4 (5.1%)
Not of Hispanic/Latinx Origin ----- 75 (94.9%)

Program Performance Measures

Consumer Access

Priority eligibility includes:

- 1.) boys ages 7-13 with challenging behavior, history of suspensions or discipline referrals, or suspected ADHD indicators;
- 2.) boys ages 7-13 with an incarcerated parent or living in a single-family household; and
- 3.) Parents of DREAM participants living with chronic stress and low emotional and social support.

Other eligibility factors include low literacy skills and limited access to physical activity and positive role models.

Eligibility is determined through a variety of methods. To screen for challenging behavior, the Strength & Difficulties Questionnaire (SDQ) is used and completed by the parent and teacher. We use a cut-off score of above 2 for behavioral difficulties and difficulties getting along with other children, above 5 for hyperactivity, and above 3 for emotional distress. Parental incarceration is self-reported. Parents will complete the Adverse Childhood Experiences questionnaire and the Duke Emotional and Social Function scale. In addition, parent will participate in an interview to discuss his/her perspective on the family's needs and have voice in service planning.

DREAM accepts most referrals during May and August of each year prior to and after summer program enrollment.

Program participants are referred through the following sources:

1. School personnel
2. Media (newspaper articles, TV, social media, etc.)
3. Community networks (parent referrals, word of mouth)

In addition, program staff members attend outreach events in Champaign and Rantoul and service provider meetings to recruit and provide information about DREAM's program services. Social media outlets are used by staff and parents to promote open enrollment and services. Parents help reach a wider audience by advocating for DREAM and recruiting from their networks.

Within 5 days from referral, 85% of those referred will be assessed.

Within 5 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for one year in services. Engagement outcomes indicate previous participants have been engaged for 2-3 years.

Additional Demographic Data: During the referral/assistance-seeking phase, the following will be collected: Income; System involvement (special education, mental health, foster care); Incarcerated parent status; Family size

Staff Comment: Outreach and referral process, eligibility criteria, screening tools, and selection criteria is clearly stated. Timeframes associated with referral to assessment and engagements are provided. Some discrepancy between projected percentage receiving services and percentage engaging in services exists. Program does anticipate of those assessed, 100% will participate in services. Overall, section is well done.

CONSUMER OUTCOMES:

Expected impact:

1. Increase in positive friendship skills
2. Increase in ability to identify and apply anti-violence strategies in school and in the community
3. Increase in emotional literacy
4. Increase in academic skills and resiliency to overcome risk factors
5. Decrease in stress levels among parents
6. Increase emotional and social supports among parents

Expected impact:

1. Increase in positive friendship skills and Developmental Assets
 - a. Strengths and Difficulties Questionnaire provided by teacher, staff, and parents. Pre and post Developmental Asset scale.
2. Increase in ability to identify and apply anti-violence strategies in school and in the community
 - a. Focus groups will be used to collect information from program participants

3. Increase in emotional literacy
 - a. A survey will be identified to collect this information. In addition, observations will be used to conduct case studies of participants' use of emotional literacy in the space.
4. Increase in academic skills and resiliency to overcome risk factors
 - a. Report cards and internal pre and post assessments conducted with program participants. Also, a pre and post Developmental Asset scale will be used.
5. Decrease in stress levels among parents
 - a. Self-reports will be used and parent focus group.
6. Increase emotional and social supports among parents
 - a. Duke Social and Emotional Support scale will be used and collected from parents.

Outcome gathered from all participants? Yes.

Anticipate 65 total participants for the year.

Will collect outcome information pre and post at enrollment, at the end of the program year, and quarterly from schools.

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

Estimated level of change for this outcome is: Through DREAAM coordinated services and TPC participants' ability to engage in multiple services, the estimated quantity is 100% of program participants will increase in emotional literacy, positive friendship skills, Developmental Assets. For parent services, the estimated level of change is 2 point increase on the Duke Social and Emotional Support Scale with at least 85% of the parents experiencing an increase.

Staff Comment: Consumer outcomes, performance measures and projected level of change for each are present. Section is complete and well done.

UTILIZATION:

Treatment Plan Clients (TPCs): 65 youth participants enrolled in two or more program services during one year of engagement. Parents are included in this category and will receive services along with youth TPC.

Non-Treatment Plan Clients (NTPCs): 100 youth participants enrolled in at least one program service during one year of engagement. Parents are included in this category and will receive services along with youth NTPC. For example, a parent may only attend a parenting workshop and not take advantage of other services.

Service Contacts (SCs): 215 - service activities (after-school, summer, and athletic supports), screenings, school advocacy, parent workshops, support groups, parent coaching sessions, and family engagement events.

Community Service Events (CSEs): 25 - outreach events, community presentations, volunteer recruitment opportunities.

Staff Comment: Different levels of engagement in services distinguishes TPCs from the new addition of NTPCs. Proposed target for TPCs appears low compared PY19 and PY18 actuals.

PY20 Annual targets (per Utilization Form)

	TPC	NTPC	SC	CSE
Annual Target	65	100	215	25

From submitted quarterly Service Activity reports:

PY19 Mid-Year Total	77	0	86	13
PY19 Target	65	0	200	24
PY18 Full-Year Total	79	0	187	13
PY18 Target	55	0	150	10

Financial Analysis

PY20 CCMHB Funding Request: \$80,000

PY20 Total Program Budget: \$217,000

Current Year Funding (PY19): \$80,000

Proposed Change in Funding - PY19 to PY20 = 0.0%

PY19 request was for \$118,250

PY18 request was for \$80,000 and award \$58,000 (first year of funding for program)

CCMHB request is for 37% of total program revenue. Other sources are: United Way = \$1,000 (0%), Contributions - various = \$29,000 (13%), Grant - Champaign Unit #4 = \$15,000 (7%), Grant - Rantoul City Schools = \$10,000 (5%), Grant - Urbana #116 = \$2,000 (1%), and Grants - IL Department of Human Services = \$80,000 (37%).

Staff Comment: Budget narrative does not include description of some revenue sources listed here but does list other sources not included here. One of the sources not described is the \$80,000 IDHS contract. If there is not a program other than DREAAM, the total agency and program revenues should be equal.

Expenses: Personnel related costs of \$61,150 are the primary expense charged to CCMHB at 76% of \$80,000. Other expenses are: Professional Fees/Consultants \$3,000 (4%); Local Transportation \$1,750(2%); Lease/Rental \$6,600 (8%); Consumables \$5,000 (6%); and General Operating \$2,500 (3%).

Staff Comment: Total Agency, Program, and CCMHB Budgets are balanced. If agency distributes the cost of audit and accounting services over all funding sources, the amount in Professional Fees may be sufficient, but because the revenue from IL DHS may be in error, an amount greater than \$3,000 could be charged to this contract.

Program Staff - CCMHB Funds: 0.25 FTE Indirect and 1.00 FTE Direct. Total CCMHB = 1.25 FTEs.

Total Program Staff: 0.75 FTE Indirect and 2.00 FTE Direct. Total Program = 2.75 FTEs.

Staff Comment: CCMHB funds support 25% of executive director, 25% of site coordinator, and 50% achievement coach as direct service and 25% of the operations manager as indirect staff. Site coordinator and achievement coach positions are vacant at time of application. Executive director position is full time direct service, but some portion should be indirect.

Audit Findings: No negative findings for PY18. Audit is required for PY19 and PY20, if 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

Priority: System of Care for Children, Youth, Families: *Selected by the applicant, this priority is a good match for the services described. As prevention and positive intervention, program serves primarily young boys from underrepresented minority and their parents or caregivers. Consistent with community needs assessment, the focus is on children exhibiting challenging behaviors or experiencing other identified risk factors. Commitment to system of care principles expressed.*

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

DREAAM provides services for boys and their families through a comprehensive array of evidence-based and culturally responsive programs. The Board of directors has allocated resources for CLC Training. Through DREAAM expansion to the Rantoul area, there is opportunity to serve residents in rural areas. In summer 2017, DREAAM served one family living in Thomasboro. A solution to engage and serve residents of rural areas is to create Saturday programming with targeted objectives and outcomes. DREAAM boys and families will be served in a variety of community spaces, from venues in the Douglas Park area to local churches to having the opportunity to interface on the University of Illinois campus. This variety of settings encourages boys to build the essential life skill of adaptability. This information about engaging rural, underrepresented and marginalized communities was included in the Program Plan Part 1. The agency followed the updated format and matched the actions with the National CLAS Standards. Language and Communication Assistance is being developed through a database of volunteers that is provided to families. DREAAM has been seeking technical assistance to improve and update their current CLC Plan under the current funding year.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *Program targets underserved/underrepresented population. Service locations include Rantoul, Champaign and Urbana.*

Inclusion and Anti-Stigma: *Not a direct focus, includes a broad statement on goal of increasing inclusion and reducing stigma and disparities in education and other systems. Program activities seek to build positive self-image, academic achievement, and social-emotional development.*

Outcomes: *Access and Consumer Outcome sections are complete and well done. Program was one of four targeted for intensive evaluation support through the U of I Program Evaluation Team in PY18.*

Coordinated System: *References other providers involved in after school programming for underrepresented populations. Commitment is made to coordinate services with these providers, and past collaboration referenced.*

Budget and Program Connectedness: *Budget Narrative includes descriptions of relevant revenues (not IDHS, which may have been an error in the revenue form), expense, and personnel; aligns with proposed services. Two of three CCMHB direct service staff positions are vacant. Revenue section of Budget Narrative needs minor revisions.*

Technical Criteria

Approach/Methods/Innovation: *Scope of work applies systems model based on Culturally Responsive Strength-Based Framework used in Head Start and early childhood programs. Other models addressing social emotional development are referenced. Links to sources provided. Elsewhere program mentions use of Effective Black Parenting as the model to be used for parenting groups but is not referenced here.*

Evidence of Collaboration: *Written collaboration agreements are listed for several providers and school districts.*

Important, but absent, is Urbana School District. Of note is an agreement with First String, Inc. for little league baseball.

Staff Credentials: *Education, training, and work experience for the Executive Director and Operations Manager are provided. Staff training required for new employees is listed. Qualifications for the Site Coordinator and Achievement Coach are not included in the response. Hiring process to fill the Site Coordinator position will begin in April.*

Resource Leveraging: *CCMHB funding represents 37% of total program revenue. Illinois Department of Human Services contract accounts for another 37% of funding but further detail on this source is omitted from Budget Narrative.*

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 corrections to revenue section of Budget Narrative.*
- *If IDHS revenue is an error, correction of all financial forms.*

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: Mahomet Area Youth Club

Program: Bulldogs Learning & Succeeding Together

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$15,000
PY20 Total Program Budget: \$22,600
Current Year Funding (PY19): \$15,000
Proposed Change in Funding - PY19 to PY20 = 0 %

Focus of Application: Mental Health
Type of Contract: Grant
Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population:

Youth between the ages of 6 and 17. Programming in a safe, structured, learning environment. MAYC accepts membership from any individual, who resides in Mahomet, Champaign County and the surrounding area. Despite Mahomet's reputation as an upscale bedroom community, between 20 and 25% of the more than 3,000 kids in the community come from low income households. Without MAYC, many at-risk, low income kids with working parents would end up with little or no supervision in potentially dangerous situations. All youth that receive scholarships as part of the BLAST and Kid's Club program qualify for free or reduced lunch. In total, there are over 500 students enrolled in BLAST and Kid's Club offerings. We offer scholarships to over 110 of those students. 20 - 25% of students enrolled receive scholarships. This is in-line with the overall district demographic for low income families, showing that our preventative programming is successful in targeting those most in-need of support. BLAST is a model of inclusion and is critical to narrowing the opportunity and achievement gap between low and high income students.

Staff Comments: BLAST is open to Mahomet-Seymour School District students age 6 to 17. CCMHB funds support targeted scholarships to students from low-income families.

Scope, Location, & Frequency of Services:

For students K-5 - enrichment activities, academic help, and cultural and community-based programming. MAYC partnered with Mahomet Seymour Schools District in this endeavor for several reasons including using their facilities since space for the number of youth served by this program is not available at MAYC. This partnership provides youth a safe and structured environment. Children participate in activities in their own school community, have additional contact with teachers, school staff, social workers, and guidance counselors, access specialized learning spaces (including computer labs, gyms, music, and art rooms), interact with a variety of caring community volunteers from the University of Illinois, Champaign County Park District, and many others. Most importantly, the youth are part of an inclusive environment that brings students from all economic backgrounds together. The enrichment classes offer students a chance to experience new activities in arts, culture, life skills, and recreation. BLAST Enrichment Classes are offered in five-week sessions during four times throughout the school year (two sessions per semester). During non-session times, students have the opportunity to participate in the after-school program called Kid's Club. Enrichment classes are age-appropriate and from multiple disciplines. Programs have included cooking classes, Code Studio, Zumba, Being Creative with Literacy, Wacky Science, Veterinary Medicine, 3D Printing, Money Matters, and many others. The Mahomet School District has taken a larger financial stake in the program in 2019 and into 2020 to help with the financial burden and growth of the program. As a result, MAYC will focus on providing scholarships for students in need who cannot afford to participate in the enrichment program (BLAST) and after school programming (Kid's Club). The expectation of the program is that attendance at school will increase for those participating, and we track that via survey. BLAST and Kid's Club occur at Lincoln Trail Elementary and Middletown Prairie Elementary due to the proximity and availability of youth

paired with the space constraints at MAYC. Kid's Club occurs every day after school. BLAST enrichment courses occur four days a week over 20 weeks during the school year.

Staff Comments: Service narrative is essentially unchanged from PY19. Enrichment program and Kid's Club activities are intended to expose students to wide range of age appropriate topics/experiences. The enrichment program runs for five weeks twice a semester with Kid's Club available during the intervening periods.

Access to Services for Rural Residents:

All BLAST locations and the MAYC facility are outside of Champaign-Urbana. All eligible BLAST participants live within the Mahomet-Seymour School district boundaries, so all participants of the BLAST program can be considered rural residents. Most youth are picked up from BLAST programs by parents, but transportation is available if a parent is not able to provide it for students. Rural residents take part in BLAST and Kid's Club at the end of each school day. Those offerings occur at Lincoln Trail Elementary and Middletown Prairie Elementary due to the space requirements of the programming and the availability of youth.

Access to Services for Members of Underrepresented/Minority Populations:

BLAST is in its sixth year, and we have made serving underrepresented and underserved populations a priority. All youth between the ages of 6 and 12 are eligible for our BLAST programming in the Mahomet schools, and space is held open in each course for those youth in-need financially. As a result, those youth that are recommended for the program based on socio-economic needs are given preferential placement. Economic need is based on the free and reduced lunch federal guidelines. All students referred to the program (underserved) are given access to the program, and 100% of the students are given their 1st or 2nd choice in terms of enrichment courses. Underserved students take part in BLAST and Kid's Club at the end of each school day. Those offerings occur at Lincoln Trail Elementary and Middletown Prairie Elementary due to the space requirements of the programming and availability of youth.

Staff Comments: Programs operates in collaboration with Mahomet-Seymour School District using two elementary schools for the after-school enrichment program enabling access to rural residents (school district students). MAYC has defined underserved/underrepresented based on income.

Residency: Total Served in PY2018 = 455 and in first half of PY2019 = 66

Mahomet 455 (100.0%) for PY18 66 (100.0%) for PY19

Staff Comments: Difference between PY18 and PY19 engagement is MAYC turned to a scholarship based targeted assistance approach in PY19 rather than reporting on all BLAST participants as in PY18.

Demographics: Total Served in PY2018 = 515

Age

Ages 0-6 -----	120 (23.3%)
Ages 7-12 -----	340 (66.0%)
Ages 13-18 -----	55 (10.7%)

Race

White -----	484 (94.0%)
Black / AA -----	4 (.8%)
Asian / PI -----	10 (1.9%)
Other (incl. Native American and Bi-racial) -	17 (3.3%)

Gender

Male -----	257 (49.9%)
Female -----	258 (50.1%)

Ethnicity

Of Hispanic / Latinx origin -----	11 (2.1%)
Not of Hispanic/Latinx Origin -----	504 (97.9%)

Program Performance Measures

CONSUMER ACCESS:

All youth of elementary age in the Mahomet School District are eligible to participate in Kid's Club and BLAST. Youth that require scholarships are reviewed based on the free and reduced lunch guidelines. Scholarship criteria is based on free and reduced lunch eligibility. The school compares each youth against their internal documentation. Outreach to eligible

participants is accomplished through several avenues. Primary dissemination occurs through School Reach, the district-wide communication platform. In addition, the school website and the MAYC website and Facebook page are utilized to provide information. BLAST informational meetings led by MAYC staff, board members, and school principals are held at community events and at the MAYC clubhouse. Our Programming Director will personally contact all parents from our summer program to encourage participation during the school year. Teachers, social workers, and principals also directly encourage participation with students and parents from the target population.

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

Within 7 days of assessment, 95% of those assessed will engage in services.

People will engage in services, on average, for 20 weeks for BLAST; 36 weeks for Kid's Club.

Additional Demographic Data: income, family size, and family makeup.

Staff Comments: Detail on eligibility and enrollment including access to scholarships. Outreach to parents occurs primarily through the school district. 95% of those referred and assessed engage in BLAST/Kids Club.

CONSUMER OUTCOMES:

1. Improve engagement in school. MAYC strives to ensure that over 60% of kids are more engaged in school due to the after school program.
2. Improve attendance at school. We work to ensure that over 40% of parents expect better attendance from their children when the child is enrolled in BLAST.
3. Increase connectivity (new friends) with peer group. We expect over 70% of kids to make new friends as part of the BLAST program.
4. Increase interest in new areas. We expect over 70% of parents to feel that there is enough variety in the BLAST offerings to provide a broad spectrum of subject area content for exposure into new areas.

Measured by:

1. Survey data - Improve engagement in school - BLAST coordinator at Mahomet Schools
2. Survey data - Improve attendance at school - BLAST coordinator at Mahomet Schools
3. Survey data - Increase connectivity with peer group - BLAST coordinator at Mahomet Schools
4. Survey data - Broad exposure to different topics - BLAST coordinator at Mahomet Schools

Outcome gathered from all participants? No. It's a voluntary survey, so not all individuals complete the survey. All data from the surveys completed is reported and tracked.

Anticipate 500 total participants for the year.

Will collect outcome information 2 times per year (end of semester).

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

Estimated level of change for each outcome is:

1. 60% of kids are currently more engaged in school.
2. 45% of parents expect their children to attend school more often.
3. 85% of kids made new friends as part of the program last year.
4. 80% of parents currently feel that there is enough variety.

Staff Comments: Outcomes with performance measure, method of measurement, and past performance for comparison is provided. Outcome measures do not specify if they are for all participants or only for scholarship recipients. The anticipated 500 participants for BLAST/Kids Club is entire program, not just scholarship recipients. Outcome results specific to scholarship recipients in addition to all participants would provide a more comprehensive evaluation of program performance and benefit of scholarships.

UTILIZATION:

Treatment Plan Clients (TPCs): 4 - scholarships to youth with economic needs, IEPs, special classroom considerations, and other developmental requirements.

Non-Treatment Plan Clients (NTPCs): 116 - scholarships to youth with economic needs.

Service Contacts (SCs): 2,500 -based on the number of courses and days met for BLAST and Kid's Club.

Community Service Events (CSEs): 1,000 - based on registration, program check-in, and end of program survey.

Staff Comments: Difference between PY18 and PY19 engagement is because MAYC turned to a scholarship-based targeted assistance approach in PY19. In PY18, program reported on all students participating in BLAST.

PY20 Targets, per Utilization Form, Part II:

	TPC	NTPC	SC	CSE
PY20 Target	4	116	2500	1000
From submitted quarterly Service Activity reports:				
PY19 Mid-Year Total	2	64	1085	576
PY19 Target	3	116	2595	828
PY18 Full-Year Total	4	511	3015	630
PY18 Target	3	500	2613	600

Financial Analysis

PY20 CCMHB Funding Request: \$15,000

PY20 Total Program Budget: \$22,600

Current Year Funding (PY19): \$15,000

Proposed Change in Funding - PY19 to PY20 = 0.0%

PY19 request was for \$15,000

PY18 request was for \$15,000 and award \$15,000

PY17 request was for \$15,000 and award \$15,000

CCMHB request is for 66% of total program revenue. Other sources are United Way = \$325 (1%) and Contributions - various = \$7,275 (32%).

Expenses: Specific Assistance is the primary expense charged to CCMHB at 100% of \$15,000.

Staff Comment: Total Agency, Total Program, and CCMHB budgets are all balanced. An amount could be attributed to Professional Fees/Consultants in order to cover the cost of a financial review.

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

Total Program Staff: 0.12 FTEs Indirect and 0.01 FTE Direct. Total Program = 0.13 FTEs

Staff Comments: Funding supports scholarships to students rather than to direct operations.

Audit Findings: N/A. An audit was not required with PY18 or PY19 contract. If selected for funding, PY20 would have a requirement for an independent financial review (or audit) due to total agency revenue between \$30,000 and \$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

Priority: System of Care for Children, Youth, Families: *Funded services are scholarships to elementary school students from low-income families enabling them to participate in after school enrichment classes and Kids Club. BLAST provides a safe, academically supported environment for these students after school.*

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

Mahomet Area Youth Club creates access for students that reside in Mahomet and are not able to access transportation to Champaign-Urbana for services. The CLC Plan states that all staff receives annual cultural competence training, and there is action mentioned for board members to receive cultural competence training. MAYC continues to make serving underrepresented and underserved populations a priority. All youth between the ages of 6 and 17 are eligible for programming during school breaks, and space is held open for those youth in-need financially. MAYC will maintain and update communication and language assistance protocol for staff to access language assistance. ACT Now is a statewide coalition that works to ensure that young people in Illinois have access to quality, affordable afterschool and youth development programs. MAYC utilizes the ACT Now Standards to assess and identify physical needs of MAYC, BLAST, and Members Matter spaces to ensure they meet the needs of members and family. There are no actions in the CLC Plan that assess the cultural needs of the members and family. The actions were matched the National CLAS Standards, and the updated format was not utilized, but the CLC Plan instructions were followed.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *Program serves M-S School District students from rural low-income families.*

Inclusion and Anti-Stigma: *Proposal is to fund scholarships to students from low-income families who might otherwise be unable to attend the BLAST program. Addressing stigma is not a focus of the application.*

Outcomes: *Scholarship eligibility and selection process are described. Consumer outcomes with performance targets are provided for all BLAST participants. Results specific to scholarship recipients for comparison would be helpful.*

Coordinated System: *Other providers of school-aged after-school and summer programming that serve other communities in Champaign County are identified. Joint field day with DMBGC is mentioned.*

Budget and Program Connectedness: *Budget Narrative provides adequate detail on revenues, expenses, and staff. However, as with the expense form, no amount is included in Professional Fees to cover cost of financial review. CCMHB supports scholarships to students rather than to direct operations.*

Technical Criteria

Approach/Methods/Innovation: *Enrichment classes as part of after school program are said to impact school attendance and interest in learning based on parent surveys used to measure performance outcomes. Reference made to independent source supporting use of benchmarks MAYC tracks as part of outcomes.*

Evidence of Collaboration: *Written agreement with school district and foodbank, and informal agreement with other local resource to assist with basic needs are listed.*

Staff Credentials: *Program is school based utilizing school staff or aides to conduct after-school enrichment activities.*

Resource Leveraging: *CCMHB is the sole source of support for the scholarships. Some contributions and United Way designated funds received by the agency are allocated to support administration of the scholarships.*

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 expense form and budget narrative to allow for cost of independent financial review*
- or consider increasing the award for each of the agency contracts by \$1,500 to cover this cost*

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: Mahomet Area Youth Club
Program: MAYC Members Matter!

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$18,000
PY20 Total Program Budget: \$119,750
Current Year Funding (PY19): \$18,000
Proposed Change in Funding - PY19 to PY20 = 0 %

Focus of Application: Mental Health
Type of Contract: Grant
Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population:

Youth between the ages of 6 and 17. Programming in a safe, structured, learning environment. MAYC accepts membership from any individual, who resides in Mahomet, Champaign County, and the surrounding area. Despite Mahomet’s reputation as an upscale bedroom community, between 20 and 25% of the more than 3,000 kids in the community come from low income households. Without MAYC, many at-risk, low income kids with working parents would end up with little or no supervision in potentially dangerous situations. For Members Matter, over 65% of the students that enroll in our sumemr program and Junior High program qualify for a financial scholarship. The program is inclusive and open to all students, but our preventative programming is quite successful at targeting low income families. The program is a model of inclusion and is critical to narrowing the opportunity and achievement gap between low and high income students.

Staff Comments: Program serves school aged children and youth from Mahomet area.

Scope, Location, & Frequency of Services:

Programs in alignment with the mission statement of the youth club. Five core values are: Character and Stewardship; Health Life Skills; Education and Leadership; Creative Arts and Expression, and Sports and Recreation. The MAYC Members Matter! Junior High Club operates Monday thru Friday from 3:00pm to 5:30pm on school days, under the direct supervision of two staff aides (funded by MAYC), who systematically work to develop socio-emotional skills and support at-risk youth with homework help. MAYC works with school principals to enroll harder-to-recruit, struggling students, such as those at risk of not being promoted, who research has shown benefit more than other students from participation in after-school activities. The program provides a safe place for over 40 students at no cost, to study, socialize with peers, play sports and games, and establish meaningful relationships with caring adults. Goals for this program are consistent attendance at school, improved grades, and graduating on time. Member Matters! Summer program operates Monday thru Friday from 7:00a.m. To 6:00p.m., offering activities for 116 youth last summer, ranging from educational, arts and crafts, physical fitness, food and nutrition, and swimming. Goals for this program are increased physical activity, knowledge of health and nutrition, food security, and retention of knowledge gained during the school year. These outcomes generally precede the attainment of physical health outcomes like improved long-term health, decreased nutritional risk, increased knowledge of how to improve health and fitness, and increased knowledge of proper nutrition. Ensuring that youth are involved in positive summer activities is important for the strength and safety of a community. After-school club happens at the Mahomet Jr. High to help reduce stigma and to ensure that all students can attend. The club happens every day except school holidays and early dismissal days. The Out of School Program occurs at the MAYC building over spring, winter, and summer break. It covers 13 weeks, and it occurs 5-days a week from 7:00 am to 6:00 pm except for holidays.

Staff Comments: Members Matter narrative describes after school services targeted to middle school students and summer programming open to students of all ages. CCMHB funding is earmarked to support summer programming by

funding part-time summer staff. Range of summer activities offered in a safe supportive learning environment align with MAYC core values.

Access to Services for Rural Residents:

The MAYC Clubhouse and the Mahomet Jr. High are outside of Champaign-Urbana. Currently, all participants in Members Matter are rural residents. Rural residents will be served at the MAYC Clubhouse for out of school programs, and at the Mahomet Jr. High during the school year. The Jr. High is used during the school year due to the proximity and availability of youth and the reduction in stigma attached to a program held at the school.

Access to Services for Members of Underrepresented/Minority Populations:

MAYC continues to make serving underrepresented and underserved populations a priority. All youth between the ages of 6 and 17 are eligible for our Members Matter programming during school breaks, and space is held open for those youth in-need financially. As a result, 65% of the youth that participate in our summer program are eligible for scholarships. For the Jr. High Program, 70% of the youth in the program qualify for free and reduced lunch based on the Federal Guidelines. We have never turned away a referred (underserved) student from our program. The population in need economically, socially, or behaviorally are given preferential access to the program. Underserved students take part in the Jr. High Club at the end of each school day. This offering occurs at the Junior High due to the proximity and availability of youth. It also helps to reduce stigma to have the program happen at the school. Our summer, winter, and spring break program occurs at the club, and our targeted population make up 65% of the attendees.

Staff Comments: Agency and program serves Mahomet area children and youth. Summer program has scholarships and dedicated space for children and youth from low-income families.

Residency: Total Served in PY2018 = 204 and in first half of PY2019 = 35

Mahomet	203 (99.5%) for PY18	35 (100.0%) for PY19
Other Champaign County	1 (.5%) for PY18	0 (.0%) for PY19

Demographics: Total Served in PY2018 = 204

Age

Ages 0-6 -----	10 (4.9%)
Ages 7-12 -----	125 (61.3%)
Ages 13-18 -----	69 (33.8%)

Race

White -----	179 (87.7%)
Black / AA -----	7 (3.4%)
Asian / PI -----	4 (2.0%)
Other (incl. Native American and Bi-racial)	14 (6.9%)

Gender

Male -----	121 (59.3%)
Female -----	83 (40.7%)

Ethnicity

Of Hispanic / Latinx origin -----	10 (4.9%)
Not of Hispanic/Latinx Origin -----	194 (95.1%)

Program Performance Measures

CONSUMER ACCESS:

All youth between the ages of 6 and 17 are eligible to participate in our out of school programming. Scholarships are available based on our sliding scale fees. Youth over the age of 13 are able to attend for free. Our Jr. High after-school program is free to all participants. It is available to anyone attending the jr. high. Parents must fill out registration forms to confirm the age of the youth, and scholarship determinations are based off of submitted income documentation. The Jr. High Program is advertised on the school website and through parent updates in Skyward, the school communication platform. The club also alerts parents of the summer program about the jr. high offering via e-mail and Facebook. The club reaches out to parents before each out of school session via e-mail and Facebook. Additionally, we ensure that parents are aware of the MAYC out of school program by placing flyers at Candlewood, Lake of the Woods Apartments, and Kid's Club checkout. We also let parents know about the Jr. High Program via e-mail before it starts each semester.

Within 2 days from referral, 100% of those referred will be assessed.
Within 2 days of assessment, 75% of those assessed will engage in services.

People will engage in services, on average, for: three years.

Additional Demographic Data: income, family size, and family makeup.

Staff Comments: Eligibility and enrollment process is detailed. Outreach to parents through school and community is noted. 75% of those referred are expected to participate in the program.

CONSUMER OUTCOMES:

1. Ensure graduation occurs on-time. At least 90% of youth will move on to the next grade level on time.
2. Improve graduation rate. At least 90% of youth will have passing grades across Math, Science, and English.
3. Improve success in high school and leading into post secondary education. At least 60% of students will hold steady or improve grades across Reading, Math, and Science.
4. Improved engagement and attendance. At least 75% of students will miss less than 5 days of school during the school year.

Measured by:

1. Report card data from Mahomet Schools through the Assistant Superintendent (Ensure graduation occurs on time).
2. Report card data from Mahomet Schools through the Assistant Superintendent (Improve graduation rates).
3. Report card data from Mahomet Schools through the Assistant Superintendent (Improve success in high school and post secondary education).
4. Attendance records by student through the Assistant Superintendent (Improved engagement and attendance).

Outcome gathered from all participants? Yes.

Anticipate 135 total participants for the year.

Will collect outcome information Each quarter.

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

Estimated level of change for each outcome:

1. 95% of students are currently scheduled to move on to the next grade level.
2. 90% of students are currently passing reading, math, and science courses.
3. 60% of students are holding their grades steady across Reading, Math, and Science.
4. 80% of students are on track to miss less than 5 days this school year.

Staff Comments: Outcomes with performance measure, method of measurement, and past performance for comparison is provided. Of the 40% whose math grades are not holding steady, how many come from low-income households?

UTILIZATION:

Treatment Plan Clients (TPCs): 5 - The majority of MAYC members are primarily categorized as non-treatment plan clients. In working more closely with mental health providers, social workers, school administrators and in attempting to refer individuals to service providers, MAYC anticipates that the number of treatment plan clients may increase.

Non-Treatment Plan Clients (NTPCs): 130 - socio-economically disadvantaged youth. Many of the youth attending our programming have multiple risk factors that can potentially limit success as they progress to and through adulthood.

Service Contacts (SCs): 2,000 – including at least three homework checks a week during the school year along with three checks with parents per each session as part of our out of school offerings.

Community Service Events (CSEs): 200 events a year based on 50 weeks of programming. We average 4 events a week with days off for holidays and days where school is not held.

Staff Comments: With CCMHB funds supporting summer programming, the Service Contact count measuring homework is unrelated to funded activity. Same is true for CSEs. Target for NTPCs appears low based on past performance, although Narrative references summer program last year had 116 participants. This allows for some growth.

PY20 Targets, per Utilization Form, Part II:

	TPC	NTPC	SC	CSE
PY20 Target	5	130	2000	200

From submitted quarterly Service Activity reports:

PY19 Mid-Year Total	6	149	946	92
PY19 Target	4	136	1380	200
PY18 Full-Year Total	5	199	2334	192

Financial Analysis

PY20 CCMHB Funding Request: \$18,000

PY20 Total Program Budget: \$119,750

Current Year Funding (PY19): \$18,000

Proposed Change in Funding - PY19 to PY20 = 0.0%

PY19 request was for \$18,000

PY18 request was for \$12,000 and award \$12,000

PY17 request was for \$15,000 and award \$12,000

CCMHB request is for 15% of total program revenue. Other sources are United Way = \$14,625 (12%), Contributions - various = \$48,875 (41%), Membership Dues = \$38,000 (32%), and Miscellaneous = \$250 (0%).

Expenses: Personnel related costs of \$18,000 are 100% of CCMHB costs.

Staff Comments: Total Agency, Total Program, and CCMHB budgets are balanced. An amount for independent financial review (as Professional Fees/Consultants) is not budgeted.

Program Staff - CCMHB Funds: 0.0 FTE Indirect and 0.85 FTE Direct. Total CCMHB = 0.85 FTEs.

Total Program Staff: 0.35 FTE Indirect and 2.75 FTE Direct. Total Program = 3.10 FTEs.

Staff Comments: 100% of CCMHB funding supports four part-time positions paying all their salary/wages. Each of the positions support summer programming and are employed only for that period.

Audit Findings: N/A. An audit was not required with PY18 or PY19 contract. If selected for funding, PY20 would have a requirement for an independent financial review (or audit) due to total agency revenue between \$30,000 and \$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

Priority: System of Care for Children, Youth, Families: Program provides prevention-based services throughout the school year and during summer months to various school age groups. CCMHB funds support summer programming open to children and youth age 6 to 17.

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

Mahomet Area Youth Club creates access for students that reside in Mahomet and are not able to access transportation to Champaign-Urbana for services. The CLC Plan states that all staff receives annual cultural competence training, and there is action mentioned for board members to receive cultural competence training. MAYC continues to make serving underrepresented and underserved populations a priority. All youth between the ages of 6 and 17 are eligible for programming during school breaks, and space is held open for those youth in-need financially. MAYC will maintain and update communication and language assistance protocol for staff to access language assistance. ACT Now is a statewide coalition that works to ensure that young people in Illinois have access to quality, affordable afterschool and youth development programs. MAYC utilizes the ACT Now Standards to assess and identify physical needs of MAYC, BLAST, and Members Matter spaces to ensure they meet the needs of members and family. There are no actions in the CLC Plan that assess the cultural needs of the members and family. The actions were matched the National CLAS Standards, and the updated format was not utilized, but the CLC Plan instructions were followed.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: Access is limited to Mahomet area. Scholarships are offered to children/youth from low-income families.

Inclusion and Anti-Stigma: Not a focus of the application, but inclusion at the school is mentioned as a value and to reduce stigma. MAYC places an emphasis on serving children and youth from low-income families.

Outcomes: Program has open access and offers scholarships. Consumer outcomes and evaluation methods are described.

Coordinated System: *Other providers of school aged after school and summer programming that serve other communities in Champaign County are identified. Joint field day with DMBGC is mentioned.*

Budget and Program Connectedness: *Budget Narrative provides good detail on all revenues, expenses, and staff. However, as with the expense form, no amount is included in Professional Fees to cover cost of financial review.*

Technical Criteria

Approach/Methods/Innovation: *Prevention-based after school and summer program activities. Focus is on providing a safe, positive environment with academic supports. Reference made to independent source supporting use of benchmarks MAYC tracks as part of outcomes.*

Evidence of Collaboration: *Lists written agreements with school district and foodbank and informal agreement with other local resource to assist with basic needs.*

Staff Credentials: *Qualifications and training for after school program staff are referenced. Also notes training required for CCMHB supported summer program staff.*

Resource Leveraging: *CCMHB is 15% of total program revenue. These funds are not used as match for other 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:

- *revise expense form and budget narrative to allow for cost of independent financial review*
- *or consider increasing the award for each of the agency contracts by \$1,500 to cover this cost*

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: NAMI Champaign County Illinois
Program: NAMI Champaign Grant App.

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$10,000
PY20 Total Program Budget: \$14,460
Current Year Funding (PY19): N/A
Proposed Change in Funding - PY19 to PY20 NA – a NEW request

Focus of Application: Mental Health
Type of Contract: Grant
Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population:

Families impacted by mental illness in Champaign County and the surrounding areas. Nationally 1 in 4 people are living with a mental health issue. Since Champaign County has a population of 209,399, the number of people who are living with a mental health issue is approximately 52,350. Although Champaign County has established mental health services, these are not enough to deal with the day to day problems of living with a family member or living as a person with a mental health problem. NAMI Champaign County Illinois offers free, peer-led support through our programs.

Staff Comments: Supports families having someone with a mental illness or the person. Primary focus is on Champaign County.

Scope, Location, & Frequency of Services:

NAMI Champaign County Illinois offers free information and support to people living with mental health problems and their families. The programs we currently offer are:

- NAMI Family-to-Family is an educational course for family, caregivers, and friends of individuals living with mental illness.
- NAMI In Our Own Voice (IOOV) un masks mental illness, using speaker stories to illustrate the individual realities of living with mental illness.
- NAMI Family Support Group is a peer-led support group for family members, caregivers and loved ones of individuals living with mental illness.

NAMI Champaign County would like to expand our services. To do this we need to hire an office manager to coordinate our stigma busting and promotional programs. NAMI Champaign County would like to expand and include Ending the Silence and Family & Friends programs and is asking for funding from the CCMHB. NAMI Ending the Silence is an engaging presentation that helps audience members learn about the warning signs of mental health conditions and what steps to take if you or a loved one are showing symptoms of a mental illness. NAMI Family & Friends is a 4-hour seminar that informs and supports people who have loved ones with a mental health condition. Participants learn about diagnoses, treatment, recovery, communication strategies, crisis preparation and NAMI resources. Seminar leaders have personal experience with mental health conditions in their families. An Executive Director would help NAMI Champaign coordinate services and volunteers to help the both new and old NAMI Champaign programs increase awareness of mental illness in the community and aid those impacted by a mental health issue find the information, support and resources they need. Location / Frequency: NAMI Ending the Silence and NAMI Family & Friends at Rosecrance sites, schools, churches, and at the Colony West Community Center. All locations in Champaign County and ADA compliant.

Staff Comments: Peer led supports provided to families or persons living with mental illness, as well as community education campaigns, are primary activities offered through NAMI Champaign Chapter. Proposal seeks to hire part-time Executive Director to manage NAMI affairs including coordinating volunteer run/peer led programs and community education efforts.

Access to Services for Rural Residents: NAMI Champaign County Illinois offers our signature programs all communities within Champaign County. NAMI Ending the Silence and Friends & Family can be offered to any community in any venue where there is privacy and ADA compliant. NAMI Champaign County Illinois offers our current signature programs in public venues in Champaign County. The two new programs, NAMI Ending the Silence and NAMI Friends & Family can be held in any town or community by meeting in any public venue that offers sufficient privacy. Meeting places must also meet the requirement of being ADA compliant.

Access to Services for Members of Underrepresented/Minority Populations:

NAMI Champaign will have well-trained volunteer program coordinators who are chosen because they have expressed and understand NAMI's values of the needs of minority populations. NAMI Champaign requires all program leaders to acknowledge NAMI's standards of tolerance and inclusion of all people. NAMI Champaign encourages people of all demographic groups to join and take advantage of all their services. NAMI Champaign County will offer underserved/underrepresented groups services where they are needed. They have two places where they meet on a regular basis but are flexible. Rosecrance and the Colony West Community Building, both located in Champaign, or any community within Champaign County.

Residency & Demographic data – N/A – a NEW request

Staff Comments: Peer led services will be offered throughout the county. Program leaders training includes NAMI standards for inclusion and tolerance. Monthly NAMI Chapter meetings are held in Champaign.

Program Performance Measures

CONSUMER ACCESS:

While the programs focus on helping people with mental health conditions and their families, we do not have any membership or other requirements for anyone who wishes to participate in our meetings. NAMI Champaign asks that participants in their group meetings be 18+. Members of the community and providers are also encouraged to attend. People who attend meetings/groups held by NAMI Champaign County are asked to volunteer demographic and need information via a survey at their first meeting/group. NAMI Champaign County is often found by members of the community by our website, social media, provider referrals, referrals from other organizations, and by word of mouth.

Within 3 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: NAMI Champaign is an open-door organization. Our members participate anywhere from a few meetings to many years.

Additional Demographic Data: NAMI Champaign County will ask for a phone number and email address.

Staff Comments: Participation in peer led programs is open to any adult, others are targeted to middle and high school students. Various approaches are used to promote NAMI meetings and trainings.

CONSUMER OUTCOMES:

NAMI Champaign County's Friends & Family is structured to help people who are living with a mental health condition and their families understand better through a set of seminars how to best support one another. NAMI Champaign County's Ending the Silence presentations offered to children in middle and high school plus young adults in college is an engaging presentation that helps audience members learn about the warning signs of mental health conditions and what steps to take if you or a loved one are showing symptoms of mental illness. The focus is to help people impacted by mental health problems and the public to have a deeper understanding of mental illness and to end the stigma that surrounds it. Ultimately, NAMI Champaign County wants to let those who need support to understand they are not alone.

Measured by:

Surveys with five questions each and each question worth two points. The questions ask participants of each group.

- NAMI Champaign County wishes to realize a positive change for participants of Family & Friends found using entrance and exit surveys of 80% (a score of 4 out of 5).

- NAMI Champaign County wishes to realize a positive change for participants of Ending the Silence found by giving entrance and exit surveys by 80% (a score of 4 out of 5).

Surveys will be taken upon the entrance and exit of participants in Ending the Silence presentations and Family & Friends. They will be collected by each group leader and given to the Executive Director for collation to be made into reports for the Board of Directors and the CCMHB. The survey will measure the following domains:

- If they came to the meeting to seek help for themselves or a family member (yes/no).

- If they came to better understand mental health issues (yes/no).
- If they feel they understand more about mental illness (yes/no).
- If the program increased the quality of their life (yes/no).
- Would they recommend the program to others (yes/no).

Each answer quantifies as follows: Yes = 2; No = 1; Not applicable = 0

Ending Silence program is estimated to receive 4-points on entrance (40%) and 8-points on exit surveys (80%).

Family & Friends program is estimated to receive 4-points on entrance (40%) and 8-points on exit surveys (80%).

NAMI would determine the effectiveness of its Executive Director through yearly performance evaluations given by the President of the Board of Directors

Outcome gathered from all participants? Yes.

Anticipate 800 total participants for the year.

Will collect outcome information At the entrance and exit of each program.

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

Estimated level of change for this outcome is N/A

Staff Comments: Opening paragraph includes some information more appropriate for the Access outcome section.

Outcome associated with NAMI led presentations/trainings is improved understanding of mental illness and symptomology with an aim to reduce stigma and increase peer/family led supports. Evaluation tools and projected level of change are identified.

UTILIZATION:

Non-Treatment Plan Clients (NTPCs): 800 NAMI Ending Silence would target 500 college, high school, and middle school students while NAMI Family and Friends would target least 300 adults. NAMI Champaign will make quarterly reports of the number of people served in each group and ask members of these groups to complete a short survey. The addition of an Executive Director will increase NAMI Champaign County’s reach into the community by coordinating volunteer activities, meeting/group activities and outreach through public relation promotions.

Service Contacts (SCs): 35 Rosecrance in Champaign allows NAMI to utilize a conference room in their building to hold our executive board meetings and for other functions. NAMI Champaign helps train Crisis Intervention Officers by supplying a panel. NAMI Champaign offers support to the Depression Bipolar Support Alliance offering financial and material assistance. They in return refer families living with a mental illness to us. NAMI Champaign aids the Stepping Up Initiative monetarily and through peer speakers. The 2-1-1 Center a warm line that serves communities in central Illinois. NAMI Illinois supports them by offering donations and peer support when needed.

Community Service Events (CSEs): 5 - community education nights to raise awareness and end the stigma of mental illness. NAMI Champaign has a picnic yearly to honor the law enforcement of Champaign County, participates in Ebertfest encouraging members to exhibit their creations, holds trivia nights and gives speeches to students going to the U of I, and will host a gala in 2020.

Other: 50 interviews (by Executive Director) with reporters, write 20 articles in 2020.

Staff Comments: As a new proposal some targets, such as NTPCs, appear overly ambitious but may be based on NAMI past experience. Elements of Service Contacts and Other service categories as described appear to be more appropriate as CSEs. Need clarification/better definition and realignment of activities associated with SCs, CSEs, and Other.

PY20 Annual targets (per Utilization Form)

	NTPC	SC	CSE	OTHER
Annual Target	800	35	5	50

Financial Analysis

PY20 CCMHB Funding Request: \$10,000

PY20 Total Program Budget: \$14,460

Current Year Funding (PY19): N/A

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

CCMHB request is for 69% of total program revenue. Other source: Contributions - various = \$4,200 (29%).

Expenses: Personnel related costs of \$6,495 are the primary expense charged to CCMHB at 67% of \$9,695. Other expenses are: Conferences/Staff Development \$2,200 (23%); and Consumables \$1,000 (10%).

Staff Comments: Total Agency and Total Program budgets show surplus of \$70, CCMHB budget a surplus of \$305, which should be corrected. CCMHB budget should include an amount for the cost of financial compilation, in the category of Professional Fees/Consultants, for which \$305 may be adequate and is allowable. Conference/Staff Development expense line includes underwriting cost for volunteers to attend state/national conferences/training as well as hosting local training programs for community members.

Program Staff - CCMHB Funds: 0.0 FTE Indirect and 1.00 FTE Direct. Total CCMHB = 1.00 FTEs

Total Program Staff: 0.0 FTE Indirect and 1.00 FTE Direct. Total Program = 1.00 FTEs.

Staff Comments: CCMHB funding for Direct staff supports creation of part-time Executive Director position.

Audit Findings: N/A – not previously funded. With total agency budget below \$30,000, a financial compilation will be required of PY20 contract, if 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: not selected by applicant but also aligned.

Priority: System of Care for Children, Youth, Families: New proposal to support NAMI activities in the community.

Provides peer led programming to increase families' ability to support member with mental illness, and community education to reduce stigma, primarily targeting students.

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

NAMI is a new program that is being considered for funding. NAMI is a support group that serves the needs of families impacted by mental illness in Champaign County and the surrounding areas. NAMI board will allocate 8 hours of CLC Training annually. NAMI will organize a Cultural and Linguistic Competence Committee with authority to monitor goals of CLCP and create action steps. Each member will read and sign agreement that CLCP has been read, and practices will be implemented within the designated time period. NAMI will conduct regular focus groups or opportunities for clients to discuss services that were delivered. NAMI understands the value of engaging minority populations and will continue to explore additional ways to engage rural communities and underserved populations. The CLC Plan actions matched the National CLASS Standards and followed the updated template. Technical Assistance for cultural competence plan development will be provided to NAMI if they are approved for funding.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: NAMI commits to promoting and hosting services throughout the county and references training of volunteer program facilitators on importance of inclusion and tolerance.

Inclusion and Anti-Stigma: Goal of NAMI activities is reducing stigma associated with mental illness through mutual support and community education. Tolerance and acceptance of all is a basic tenet of NAMI mission.

Outcomes: Consumer outcome section identifies measures, performance targets, and evaluation methods for two peer led training/education programs. One targeted to adults, the other to youth in school.

Coordinated System: Relationship with various providers and other support groups is referenced. NAMI Champaign Chapter also engages with NAMI U of I, 211, and criminal justice system (CIT training and Stepping UP Initiative).

Budget and Program Connectedness: Budget Narrative provides a great deal of detail on anticipated revenues and expenses (other than cost of required compilation, to be performed by an independent accounting firm) and regarding personnel to be supported by the contract. Some items may require clarification.

Technical Criteria

Approach/Methods/Innovation: NAMI Champaign County is a peer-run organization recognized by SAMHSA. Links are provided to the sources referenced.

Evidence of Collaboration: Statement provided in response to written agreements is identical to Coordination Question

response. As a program intending to engage in schools neither response indicates having an existing relationship with school districts nor with other mental health prevention education programs – for example, Rattle the Stars.

Staff Credentials: *Training requirements for volunteers facilitating peer led programs referenced. Basic qualifications for new funded position also included.*

Resource Leveraging: *CCMHB would be the primary funder. NAMI relies on donations/contributions for other support. Total agency budget is less than \$15,000.*

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 expense form to balance the CCMHB budget and allow for cost of compilation*
- *revise budget narrative form to clarify some items*
- *clarify activities counted under SC, CSE, and Other service categories and adjust targets accordingly*
- *Collaboration/coordination with school districts and Rattle the Stars needs to be addressed.*

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: Prevention Services

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$60,000
PY20 Total Program Budget: \$320,001
Current Year Funding (PY19): \$60,000
Proposed Change in Funding - PY19 to PY20 = 0%

Focus of Application: Substance Use Disorder
Type of Contract: Grant
Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population:

Substance Abuse Prevention programming is essential for youth, parents, and the community. According to SAMSHA, effective, evidence based substance abuse prevention programs save an average of \$18 per \$1 invested. This equates to a savings of \$3,757 per youth served. The need for prevention services is identified on the Champaign County IPLAN.

- 1) Youth: determined through student prevalence/at risk identification (primarily Illinois Youth Survey), requests from schools and others, marketing strategies, key stakeholders. Focus on 4th-9th grades, but not limited to this age group.
- 2) Parents of students receiving substance abuse prevention education. Information to increase parents' knowledge of alcohol and drugs, encourage communication between parents and children, and provide resources for parents.
- 3) Community: Prevention staff has developed strong relationships with their partners through CCMHB funding. Collaborating with youth-based and other organizations is integral to educating youth and adults on youth substance abuse and prevention education. Prevention staff serves on multiple coalitions/committees to: increase awareness of youth substance use and relevant policies/procedures; focus county-wide to engage in multiple prevention strategies (e.g., prescription drug take back days, special events.) Program hosts annual Red Ribbon Campaign to all schools to promote drug awareness and healthy choices. *Staff Comments: section edited by staff; full text was as in previous year application.*

Scope, Location, & Frequency of Services:

Too Good for Drugs (TGFD) and Too Good for Violence (TGFV) curricula cover alcohol, tobacco, other drugs, life skills, and violence/bullying prevention. Both are recognized by SAMHSA as Model Programs and were found by US Dept of Ed to have a positive effect on students' behavior & knowledge, attitudes & values. Programs are grade specific, use interactive teaching methods to encourage students to bond with peers, engage through skits, cooperative learning games, small group activities, and discussions. TGFD/TGFV meet IL State Standards for Health Education. For each grade level, family components ("home workouts") reinforce the skills taught in TGFD/TGFV, provide information about prevention, harm/risk of drug use, and tips for parents. Parents are then more likely to reinforce prevention skills and norms of non-use, to support and participate in school-related activities, and to communicate a clear message re drug-use. Special presentations to parents and teachers upon request. Staff serve on Tobacco Prevention Coalition, hosted by CU Public Health Dept, and on the Walk as One Community Coalition. Specialized services for community members and organizations upon request, including presenting about signs of use and abuse and the importance of prevention at Urbana Schools professional development day. Outreach to schools to talk to PTA about substance use and prevention tools to use at home. Weekly services to schools including: Edison, Jefferson, Franklin, and Urbana middle schools and Fisher Junior High; Unity East Elementary; Central and Mahomet-Seymour high schools. A collaborative effort in which staff work with schools, youth organizations, parents, and communities to provide requested services. Services are as planned in conjunction with schools and community partners.

Staff Comments: section edited by staff; same as previous year applications, some repeated in other sections, with emphases on collaborations and access to all who request services; was a Prairie Center program in PY2018.

Access to Services for Rural Residents: Currently serving a number of these townships (and recruiting more schools from underserved areas) at public schools or community organizations that have agreed to participate, county-wide.

Access to Services for Members of Underrepresented/Minority Populations: To ensure prevention programs are age appropriate for diverse populations, Too Good for Drugs and Too Good for Violence curriculums were chosen. Both are SAMHSA approved, proven effective with African Americans, Asian Americans, Hispanic/Latinos and White students in rural, urban and suburban areas. Serves any student enrolled, at participating public school or community organization.

Residency: Total School events PY18 = 1357 and first half of PY19 = 2059 - All zip codes represent location of events.

Champaign Set	638 (47%) for PY18	1,131 (54.9%) for PY19
Urbana Set	572 (42%) for PY18	644 (31.3%) for PY19
Rantoul	9 (0.7%) for PY18	0 (0.0%) for PY19
Mahomet	65 (4.8%) for PY18	121 (5.9%) for PY19
Other Champaign County	73 (%) for PY18	163 (7.9%) for PY19

Demographics: Total Served in PY2018 = 4136 - All demographic data reported are in regard to people served.

Age

Ages 0-6 -----	123 (3%)
Ages 7-12 -----	1498 (36.2%)
Ages 13-18 -----	2477 (59.9%)
Ages 19-59 -----	38 (0.9%)

Race

White -----	1659 (40.1%)
Black / AA -----	1387 (33.5%)
Asian / PI -----	237 (5.7%)
Other (incl. Native American and Bi-racial) -	853 (20.6%)

Gender

Male -----	1763 (42.6%)
Female -----	2373 (57.4%)

Ethnicity

Of Hispanic / Latinx origin -----	500 (12.1%)
Not of Hispanic/Latinx Origin -----	3636 (87.9%)

Program Performance Measures

CONSUMER ACCESS:

Youth at schools throughout the county are eligible. Afterschool sessions, based on the request of schools/youth-based organizations, may include sessions on life skills, substance abuse education and violence prevention. Parents and communities may also request presentations, resources, etc; services are available county-wide to all wishing to partner with the Prevention Dept. A collaborative effort with schools, youth-serving organizations, parents, and communities to provide requested services. Prevention Team covers all requests, unless a scheduling conflict. Ongoing outreach to schools, youth-serving organizations, parents, and communities through: face-to-face interactions, correspondence, community events, communication campaigns, increased involvement in the community.

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

Within 15 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for 9-10 weeks.

Additional Demographic Data: none.

CONSUMER OUTCOMES:

To improve youth knowledge and attitudes about alcohol, drugs and/or violence.

Data from: Too Good for Drugs and/or Too Good for Violence pre/post tests; and every 2 yrs, Illinois Youth Survey, a validated tool created by the University of Illinois' Center for Prevention Research & Development.

Outcome gathered from all participants? Yes.

Anticipate 4150 total participants for the year.

Will collect outcome information: Pre/post test data will be taken once a quarter. IYS data is collected every two years.

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

Estimated level of change: For Too Good for Drugs and Too Good for Violence, an increase of 10% from pre to post-test is estimated. For those schools participating multiple years in a row, we intend to observe an increase in retention rates from each subsequent year the program is implemented, i.e., 7th grade Pre-Tests are higher than 6th grade Pre-Test scores. Prevention staff continues to grow the number of schools in Champaign County participating in the Illinois Youth Survey in attempt to receive more accurate Champaign County results.

Staff Comment: these sections were slightly edited; content similar to previous year application; appropriate measures are included; the intent to improve County schools' participation in the IL Youth Survey is appreciated, important for community needs assessments and strategic planning. Where the program has had a presence over several years, staff has reported improved retention rates for each subsequent grade through increased pre-test scores at next grade level.

UTILIZATION:

Community Service Events (CSEs): 975, according to Part Two form. 950, according to Part One form.

Treatment Plan Clients, Non-Treatment Plan Clients, Service Contacts, and Other – N/A

Staff Comment: although students, parents, community participants are not counted as NTPC or TPC, 4150 are anticipated for PY2020, consistent with PY2018 actual number (4136), PY2019 on track.

PY20 Annual target (per Utilization Form)

Annual Target = 975 CSEs

From submitted quarterly Service Activity reports:

PY19 Mid-Year Total = 539 CSEs. PY19 Target = 950 CSEs.

PY18 Full-Year Total = 1357 CSEs. PY18 Target = 900 CSEs.

Financial Analysis

PY20 CCMHB Funding Request: \$60,000

PY20 Total Program Budget: \$320,001

Current Year Funding (PY19): \$60,000

Proposed Change in Funding - PY19 to PY20 = 0.0%

PY19 request was for \$67,725

PY18 request was for \$65,750 and award \$58,250 (through Prairie Center Health Systems)

PY17 request was for \$58,247 and award \$58,247 (“)

CCMHB request is for 19% of total program revenue. Other sources: United Way = \$11,900 (4%); Grants - SAP Urbana = \$2,333 (1%); Grants - DHS Prevention = \$225,000 (70%); Grants - CCMHB Ford = \$13,548 (4%); and Program Service Fees-DASA = \$4,494 (1.4%); Interest Income = \$2,144 (0.7%); and Miscellaneous = \$582 (0%).

Expenses: Personnel related costs of \$48,675 are the primary expense charged to CCMHB at 81% of \$60,000. Other expenses are: Professional Fees/Consultants \$7,200 (12%), Consumables \$500 (1%), General Operating \$1,274 (2%), Occupancy \$750 (1%), and Local Transportation \$1,601 (3%).

Staff Comments: Total Agency budget shows a deficit of \$380,646, total program a deficit of \$18,708, and CCMHB budget is balanced.

Program Staff - CCMHB Funds: 0.03 FTE Indirect and 1.00 FTE Direct. Total CCMHB = 1.03 FTEs.

Total Program Staff: 0.17 FTE Indirect and 5.00 FTE Direct. Total Program = 5.17 FTEs.

Audit Findings: Most recent audit, of PY2018 contract, included with Prairie Center audit – no adverse findings.

Current year program and PY2020 program, if funded, will be included in Rosecrance audit.

CCMHB PY20 Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement - no

Priority: Innovative Practices and Access to Behavioral Health Services - no

Priority: System of Care for Children, Youth, Families – Yes. Aligns with criteria supporting this priority.

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: *Program held in schools throughout the county, promoted to rural districts. Services are primarily in Champaign and Urbana middle schools. The SAMHSA-approved curricula have demonstrated positive impact with members of underserved minority populations and areas.*

Inclusion and Anti-Stigma: *Substance use prevention education activities community-wide, age appropriate for diverse populations. Services to any and all students enrolled in program.*

Outcomes: *Program addresses access and consumer outcomes and how they are measured; linked to well-researched, classroom-based curricula. Responds to requests within 15 days. Outcomes and measures clearly defined.*

Coordinated System: *Not aware of local program offering similar services.*

Budget and Program Connectedness: *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 across financial documents. Specific responsibilities of assigned personnel are not elaborated in Budget Narrative, but Program Plan and Personnel form are consistent (100% of Prevention Specialist, 2% of Administrator, 1% of Executive Director).*

Technical Criteria

Approach/Methods/Innovation: *Cites evidence-based, SAMHSA model programs - Too Good For Drugs and Too Good For Violence - and provides link.*

Evidence of Collaboration: *Written agreements with 1 elementary, 4 middle, and 3 high schools (across the county), along with Public Health Dept and 21st Century Community Learning Center.*

Staff Credentials: *Identifies educational and training requirements and other credentials of program staff.*

Resource Leveraging: *Program also funded by the State of Illinois but limited to specific age groups and school grades. CCMHB funding allows Prevention services to reach a much wider audience and impact youth at a younger age.*

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:*

- revision to Part One form or Part Two form, so that utilization target for CSE matches

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: The UP Center of Champaign County Program: Children, Youth & Families Program

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$35,938
PY20 Total Program Budget: \$39,638
Current Year Funding (PY19): \$18,423
Proposed Change in Funding - PY19 to PY20 = 95%

Focus of Application: Mental Health
Type of Contract: Grant
Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population:

LGBTQ+ Youths (ages 13-18) - weekly support group, case management.
Parents of LGBTQ+ individuals - monthly support program.
Younger than 13 - youth group and case management with permission from their guardian and the Youth Coordinator.
Staff comments: as in previous application and current contract. Section edited.

Scope, Location, & Frequency of Services:

Youth - weekly support groups at University YMCA, case management, based on Youth Coordinator's assessment, intake surveys, and self-reported need. Referrals, when clinical support is appropriate, to partner providers offering reduced-cost services to the UP Center when required. Group topics identified by the consumers: e.g., interpersonal communication, healthy relationships, gender and sexual identity development, mindfulness, and emotion regulation. Support group provides for structured socialization to build interpersonal skills and develop peer-support networks.
Families - monthly support group at Urbana Free Library, case management. Group topics include: navigating health care settings, respecting youths' autonomy in gender and sexual identity, understanding the difference between gender identity and gender expression, and coping with general young adult behaviors. Group facilitated by a volunteer LCPC who works with the UP Center board and provides referrals to available resources.
Case management = intake with Program Coordinator or Families Facilitator. A Program Coordinator works with the client to develop a plan to reduce distress and to connect to community resources, provides educational resources on medical transitions for transgender youth, and puts them in contact with affirming medical providers.
Offsite locations for special events with a larger expected attendance. UP Center office for intake, case management.
Staff comments: as in previous application and current contract. Section edited.

Access to Services for Rural Residents:

Transportation assistance = mileage assistance and/or bus passes for those who could not otherwise access services, esp rural residents. Community workshops to educate teachers, DCFS employees, and other service providers in rural Champaign areas. Youth Outreach Coordinator has list of local high schools, targeting services to those with no active GSA or LGBTQ presence. Services in Champaign and Urbana, with targeted outreach in rural communities. Current feedback does not support creating new groups in these communities given financial constraints.

Access to Services for Members of Underrepresented/Minority Populations:

Youth Outreach Coordinator to work with local organizations (schools and YMCA, e.g.) serving underrepresented minority individuals. Board is recruiting from underrepresented minority groups.
Staff comments: as in previous application and current contract. These sections were edited by staff.

Residency: Total Served in PY2018 = 18 and in first half of PY2019 = 10

Champaign Set	7 (38.9%) for PY18	2 (20.0%) for PY19
Urbana Set	1 (5.6%) for PY18	5 (50.0%) for PY19
Rantoul	5 (27.8%) for PY18	0 (.0%) for PY19
Mahomet	0 (.0%) for PY18	0 (.0%) for PY19
Other Champaign County	5 (27.8%) for PY18	3 (30.0%) for PY19

Demographics: Total Served in PY2018 = 18

Age

Ages 7-12 ----- 2 (11.1%)

Ages 13-18 ----- 16 (88.9%)

Race

White ----- 11 (61.1%)

Black / AA ----- 1 (5.6%)

Asian / PI ----- 1 (5.6%)

Other (incl. Native American and Bi-racial) - 5 (27.8%)

Gender

Male ----- 5 (27.8%)

Female ----- 5 (27.8%)

Other (may include non-binary and non-conforming people) 8 (44.4%)

Ethnicity

Of Hispanic / Latinx origin ----- 3 (16.7%)

Not of Hispanic/Latinx Origin ----- 15 (83.3%)

Program Performance Measures

CONSUMER ACCESS:

All LGBTQ youth (13-18 years old) and families with LGBTQ youth living in Champaign County. No fees. Insurance or other payors not billed. During intake, participants provide demographic info and assessment of eligibility (as above). Participants learn about services through social media (e.g., Facebook), website, service professionals (e.g., counselor), and community programming (e.g., Queer Prom).

Within 6 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 6 months.

Additional Demographic Data: all youth participants complete quarterly survey with demographic questions, Depression, Anxiety, and Stress Scale (DASS-21), Personal Feelings Questionnaire (PFQ-2), Adolescent Alcohol and Drug Involvement Scale (AADIS), and self report of perceived social support. Needs of families are assessed through open-ended questions; following quarter one, they report perceived benefits and areas of improvement for group, through open-ended questions. *Staff edited this section.*

CONSUMER OUTCOMES:

Youth Programming:

1. Improved psychological & behavioral well-being for the individual clients.
2. Improved social well-being for the individual clients.
3. Increased positive visibility of LGBTQ+ individuals in Champaign County.
4. Increased support for LGBTQ+ and individuals in Champaign County.

Family Programming:

1. Improved support for parents of LGBTQ youth.
2. Improved knowledge of LGBTQ identities and issues for parents of LGBTQ youth.

Youth Programming:

1. DASS-21, PFQ-2, AADIS.
2. Self-report of perceived social support.
3. Surveys distributed post-community events through listservs and social media (e.g., Facebook) asking for positive and negative feedback on community.

4. Increase inter-agency partnerships under memorandums of understanding; provide training to partnering agencies; maintain partnership with city of Champaign police.

Outcome gathered from all participants? No. For youth and family support, information will be collected and reported on all clients. However, it is not feasible to collect feedback from all who attend community outreach events.

Anticipate 200 total participants for the year.

Will collect outcome information Quarterly, or post-community engagement event.

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

Estimated level of change for this outcome is: youth accessing support groups or case management will report an increased ability to cope with LGBTQ-related decreased depression, anxiety, stress, substance use, and increased positive emotion. Successful treatment will be benchmarked by individuals who scored a 2 or 3 on the DASS-21 pre-test who improve to a 1 or 0 by subsequent post-test (chronological timeframe not determined, as youth attendance is optional). Similar for PFQ-2 and AADIS, with goals of reductions in negative emotion and substance use. *Staff edited this section.*

UTILIZATION:

Treatment Plan Clients (TPCs): 3 - LGBTQ+ adolescents and families in need of case management services. TPCs will provide demographic info and a survey on present needs. Case management = one-on-one meetings between Program Coordinator and TPC to create a plan for managing distress, connecting the TPC to appropriate community resources.

Non-Treatment Plan Clients (NTPCs): 30 - LGBTQ adolescents and families attending support groups (10 continuing, 20 new). NTPCs - same demographic information as TPCs, performance metrics.

Service Contacts (SCs): 60 - individuals who contact UP Center by email, social media, or phone inquiring about youth or family services, tracked only by their reason for contacting.

Community Service Events (CSEs): 40 - events with the goal of increasing sensitivity and tolerance toward LGBTQ individuals: annual Pride Festival, Queer Prom, educational events, fundraising events, social gatherings, etc.

PY20 Annual targets (per Utilization Form)

	TPC	NTPC	SC	CSE
Annual Target	3	30	60	40

From submitted quarterly Service Activity reports:

PY19 Mid-Year Total	0	20	15	8
PY19 Target	7	36	50	30
PY18 Full-Year Total	2	24	67	31
PY18 Target	20	45	60	25

Financial Analysis

PY20 CCMHB Funding Request: \$35,938

PY20 Total Program Budget: \$39,638

Current Year Funding (PY19): \$18,423

Proposed Change in Funding - PY19 to PY20 = 95.1%

P19 request was for \$18,423

P18 request was for \$19,000 and award \$19,000

P17 request was for \$46,748 and award \$19,000

CCMHB request is for 91% of total program revenue. Other source is Contributions/fundraising = \$3,700 (9%).

Expenses: Personnel related costs of \$24,158 are the primary expense charged to CCMHB at 74% of \$32,818 (*expenses do not equal the request – see below*). Other expenses are: Professional Fees/Consultants \$3,000 (9%); Consumables \$2,000 (6%); General Operating \$1,000 (3%); Conferences/Staff Development \$500 (2%); Specific Assistance \$500 (2%); Lease/Rental \$1,660 (5%).

Staff Comments: Total Agency Budget shows a surplus of \$10,540, total program a deficit of \$3,000, and CCMHB a surplus of \$3,120. Allocation of Payroll Taxes appears incorrect, as CCMHB portion does not match that described in Budget Narrative and is higher than total program and total agency. Correction of this error would increase the surplus.

Program Staff - CCMHB Funds: 0.53 FTE Indirect and 0.25 FTE Direct. Total CCMHB = 0.78 FTEs.

Total Program Staff: 0.53 FTE Indirect and 0.25 FTE Direct. Total Program = 0.78 FTEs.

Audit Findings: *An audit has not been required for this contract. If funded for PY20, a minimum of financial review will be required. An amount is to be charged to Professional Fees to engage an independent audit firm for this purpose.*

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 – *although not selected, priority is relevant.*

Priority: System of Care for Children, Youth, Families – *selected by applicant, aligns with identified priority.*

Priority: Collaboration with the Champaign County Developmental Disabilities Board - no

Agency Cultural and Linguistic Competence Plan

The UP Center is one of the few resource centers that specializes in serving Youth who identify as LGBTQ and their family members in Champaign County. The governing board allocates time for CLC Training for board and staff. Their CLC Plan is comprehensive, addressing interagency collaboration, cultural competence assessment, and policies and practices that are culturally responsive. Rural residents will predominantly be served in Champaign, with targeted outreach in more rural communities. Although UP Center is engaged in ongoing data collection to measure need in smaller, outlying communities, current feedback does not support creating new groups in these communities at this time given financial constraints. They are looking to increase diverse backgrounds on their board of directors by engaging underrepresented communities. The UP Center matched their actions with the National CLAS Standards and utilized the updated template.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: addressed above, \$ assistance for rural members to travel.

Inclusion and Anti-Stigma: active in educational programming including with churches, health care providers, mental health professionals, and community members. Programs also provide positive visibility of the LGBTQ+ community, which can help reduce stigma and discrimination.

Outcomes: evaluated through surveys and assessments, some quarterly, some post-event.

Coordinated System: as a unique service, coordinates with providers who will take referrals for other services.

Budget and Program Connectedness: *Budget Narrative has good detail on revenue (in-kind and special events), expenses and how they were calculated, and relevant personnel to be charged to CCMHB. Increase in request is for additional staff time to develop programming requested by youth, increase rural connections, and broaden outreach.*

Technical Criteria

Approach/Methods/Innovation: *Relational-Cultural Theory model = individuals grow and heal through growth-fostering connections to supportive and affirming others; connections within the social context to help people understand how cultural and political factors impact individual and community well-being.*

Evidence of Collaboration: *agreements with Planned Parenthood and Rosecrance.*

Staff Credentials: *Yes, for Program Youth Coordinator (MSW) and volunteer Parent Group Coordinator (LCPC). Staff participate in education programs from CenterLink periodically; staff development at conferences, programs, etc.*

Resource Leveraging: *CCMHB is primary funder accounting for 91% of program revenue. Other sources of support are contributions and in-kind.*

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:

- revisions to expense form (as suggested above) would total \$31,768, lower than requested amount.

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: Urbana Neighborhood Connections Center, Inc
Program: Community Study Center-ACCESS Initiative

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$25,500
PY20 Total Program Budget: \$268,100
Current Year Funding (PY19): \$19,500
Proposed Change in Funding - PY19 to PY20 = 31%

Focus of Application: Mental Health
Type of Contract: Grant
Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population:

Services in Southeast Urbana, where the rate of youth and family involvement with law enforcement, social services and child welfare agencies indicates youth at risk of engaging in "risky" behaviors. Target = children/youth enrolled in Urbana School District (K-12) who benefit from community based academic, social emotional and recreational enrichment activities. Priority on African American and low-income youth, to increase self-esteem/self-image and social functioning.
Staff Comments: as previous application/current contract. Section is edited.

Scope, Location, & Frequency of Services:

Since 2010, UNCC serves as an empowerment zone through which children and youth benefit from productive year-round academic, recreational, and social-emotional enrichment. Offers information, linkage/referral to community resources.

- During academic school year, homework and tutorial sessions M-F, 3-6pm (emphasis on K-8). Academic enrichment activities assigned by classroom teacher or by UNCC's Activity Leaders. Upon completion of academics, children/youth participate in recreational activities (basketball, football, board games etc.); arts and crafts, dance groups, social responsibility groups, movies, video games or digital learning activities.
- School Out Days (i.e. teacher institute and parent-teacher conferences), 8am -5pm, closely resemble the structure of summer programming.
- Eight-week Summer Enrichment Camp (8am -5pm M-F) - small group academic enrichment sessions on reading, writing, math, social/emotional development, digital literacy; afternoon recreational and leisure activities for youth grades K-8.
- In addition to life enriching activities including life/social skills, conflict resolution groups, and family focused events along with linkage and referral to professional treatment agencies should the need arise. Evidence-based interventions with youth in grades 5-8 through the use of "Bibliotherapy" in small group sessions. Facilitated by Master Level Social Workers, approximately 35 youth have participated in weekly reading and relating groups via the H.O.P.E. (Helping Other People Evolve) Challenge experience. Proposed groups incorporating the use of Bibliotherapy and Second Step Curriculum will occur year-round during weekly mental wellness groups. Each group session will last approximately 30 - 45 minutes depending on age and ability levels.

Staff Comments: similar to previous application/current contract. Section is edited.

Access to Services for Rural Residents:

Programs available to all interested (transportation is parent/guardian responsibility.) Bus fare for those who use public transportation; those in rural areas may find this cumbersome. *Staff edited this section and the next.*

Access to Services for Members of Underrepresented/Minority Populations:

Engages youth and their families who are members of underserved or underrepresented minority populations by reaching out to targeted schools and neighborhoods to inform them of services. Services at UNCC, 1401 East Main Street, Urbana.

Residency: Total Served in PY2018 = 257 and in first half of PY2019 = 158

Champaign Set	49 (19.1%) for PY18	27 (17.1%) for PY19
Urbana Set	203 (79.0%) for PY18	128 (81.0%) for PY19
Rantoul	0 (.0%) for PY18	0 (.0%) for PY19
Mahomet	2 (.8%) for PY18	2 (1.3%) for PY19
Other Champaign County	3 (1.2%) for PY18	1 (.6%) for PY19

Demographics: Total Served in PY2018 = 257

Age

Ages 0-6 -----	57 (22.2%)
Ages 7-12 -----	165 (64.2%)
Ages 13-18 -----	35 (13.6%)

Race

White -----	12 (4.7%)
Black / AA -----	229 (89.1%)
Asian / PI -----	8 (3.1%)
Other (incl. Native American and Bi-racial)	7 (2.7%)
Not Available Qty -----	1 (.4%)

Gender

Male -----	131 (51.0%)
Female -----	126 (49.0%)

Ethnicity

Of Hispanic / Latinx origin -----	1 (.4%)
Not of Hispanic/Latinx Origin -----	256 (99.6%)

Program Performance Measures

CONSUMER ACCESS:

Afterschool Study Center: Champaign County residents (specific outreach to Urbana); enrolled in local school districts (K12); willing to participate in a continuum of structured and supervised out of school time academic, social emotional and recreational activities. Determined by: review of registration document; face to face meeting with parent (if child is in elementary) and child/youth. Members of the targeted population learn about UNCC's Community Study Center via school personnel, family to family, informational fliers.

Within 1 days from referral, 150% of those referred will be assessed.

Within 2 days of assessment, 150% of those assessed will engage in services. *As above, appears to be an error. 150 may refer to the target number of youth to be served.*

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

Additional Demographic Data: Income level via free and/or reduced lunch or SNAP.

CONSUMER OUTCOMES:

1. Engage targeted youth in structured out of school time educational, social emotional development and recreational activities.
2. Reduced and/or minimal criminal activities by engaged youth.
3. Expose targeted high school students to various college and career related activities.
4. Implementation and accomplishment of 2 of the Cultural Competency Plan goals and objectives.

Expected Results:

1. Maintain and/or increase hours spent in academic and social-emotional skill development.
2. Exposure to new and/or increased involvement in physical fitness and cultural arts activities designed to promote acceptable behaviors, attitudes and confidence, to maintain positive and healthy lifestyles at home, school and community.
3. Exposure to juvenile delinquent indicators and prevention services to reduce criminal activities by engaged youth.
4. Increased knowledge, awareness and skill performance related to Cultural Competency planning and implementation.

In addition to outcomes related to operation of the Community Study Center, special efforts will continue to be made to incorporate essentials of Illinois State Social Emotional Learning (SEL) Standards that (1) develop self-awareness and self management skills necessary to achieve school and life success; (2) use self-awareness and interpersonal skills to establish and maintain positive relationships; and (3) demonstrate decision-making skills and responsible behaviors in personal, school, and community context. By incorporating these SEL skills during non-school hours, youth will be able to recognize and model healthy social emotional and academic functioning in multiple environments.

Collection methods:

1. Daily Attendance Records
2. Consultation with parents and school personnel.
3. Participation & Satisfaction Surveys for select program participants
4. Graduation diploma, verification of employment and/or college admission letter.
5. Use of Skyward Data Base per Urbana School District approval

Outcome gathered from all participants? Yes.

Anticipate 150 total participants for the year.

Will collect outcome information Quarterly.

Is there a target or benchmark level for program services? Yes. Progression to the next grade level with minimal behavioral disruptions. Consistent with UNCC's goal of providing effective enrichments that assist each youth with successful transitioning into adulthood.

Estimated level of change for this outcome is: Through effective integration of “bibliotherapy” and Second Step Lifeskills curriculum, 125 youth will (1) take an in-depth look into one’s self-identity, gaining an understanding of the need to maintain a healthy sense of self-worth; (2) take on a global perspective, learning to view life and/or situations through various lens; and (3) create a self-help plan to practice what they have learned through the H.O.P.E. experiences.

Staff comments: section slightly edited. Assume that of 150 who engage, the 125 referred to are those who complete.

Outcomes are directed at increasing academic performance, cultural awareness, and preventing involvement with criminal justice system.

UTILIZATION:

Non-Treatment Plan Clients (NTPCs): 150. Program offers academic support, tutoring, Reading/literacy/Math instruction, social/emotional development, prevention, intervention, and career opportunities for Non Treatment Plan Clients (NTPC). Will count multiple programs and/or activities within one category - the Community Study Center (CSC). Will report only the number of Unduplicated NTPCs receiving multiple programs within the CSC.

Program does not report **Treatment Plan Clients, Service Contacts, Community Service Events, or Other.**

PY20 Annual targets (per Utilization Form)

	NTPC
Annual Target	150

From submitted quarterly Service Activity reports:

PY19 Mid-Year	282
PY19 Target	200
PY18 Full-Year Total	257
PY18 Target	200

Staff comment: while the program exceeded targeted 200 NTPCs each year, the proposed contract has a lower target #.

Financial Analysis

PY20 CCMHB Funding Request: \$25,500

PY20 Total Program Budget: \$268,100

Current Year Funding (PY19): \$19,500

Proposed Change in Funding - PY19 to PY20 = 30.8%

P19 request was for \$19,500

P18 request was for \$19,500 and award \$19,500

P17 request was for \$15,000 and award \$12,000



CCMHB request is for 10% of total program revenue. Other sources are United Way = \$53,850 (20%), Contributions/fundraising = \$20,500 (8%), Grants-DHS/Teen REACH = \$92,000 (34%), Grant - City of Urbana = \$15,000 (6%), Grants - UC2B Community Fund = \$6,000 (2%), Grants - State of Illinois ISBE-Nutrition Program \$30,000 (11%), Membership Dues = \$20,250 (7.5%), and Miscellaneous = \$5,000 (1.9%).

Expenses: Personnel related cost of \$15,000 as "Payroll Taxes" (possibly an error) is the primary expense charged to CCMHB at 59% of \$25,500. Other expenses are: Consumables \$4,000 (16%), General Operating \$3,000 (12%), Occupancy \$2,500 (10%), and Local Transportation \$1,000 (4%). Requested increase is associated with staff positions.

Staff Comments: *Total Agency Budget Shows a surplus of \$11,600, total program and CCMHB budgets are balanced. No Indirect or Direct staff salaries are charged to the CCMHB or Total Program in Personnel form or Expense for, but Budget Narrative indicates that request is to cover \$15,000 of the total agencies' \$168,000 in salaries, particularly for Activity Leaders and Special Life/Social Skills Group Leader. In previous application and current year contract, CCMHB funds portions of Literary Specialist, Activity Leader, and Operations Manager and all of (10% time) Special Groups Leader, totaling \$10,000, or 0.60 FTE Direct Staff.*

Audit Findings: *N/A. Audit not required in PY18 or PY19. If funded for PY20, a minimum of financial review will be required. An amount can be charged to Professional Fees to engage an independent audit firm for this purpose.*

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

Priority: System of Care for Children, Youth, Families – *selected and aligns with priority. Engages children and youth, primarily from Urbana, in after school and summer programming.*

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

Urbana Neighborhood Connections Center provides services to students K-12 and is in the Southeast Urbana Community. The CLC plan that was submitted by UNCC was incomplete. The application addressed interagency collaboration and working with underserved and marginalized populations in the program plan part 1. Cultural Competence Plan Development and Technical Assistance will be recommended for UNCC to ensure that actions can be documented measured with the National CLAS Standards based on the programming that is being provided to the youth and their families receiving services. The current CLC plan for FY 2019 is up to date with requirements and follows the recommended guidelines.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *high participation of underserved, low rural. Assistance w/ travel.*

Inclusion and Anti-Stigma: *Through H.O.P.E. (Helping Other People Evolve) Empowerment Groups, youth benefit from positive social, emotional and life-skills experiences through a non-traditional, practical treatment approach for addressing life's distractions and obstacles faced by many youth in home and community life. Activities within group sessions decrease stigmas associated with identified groups of youth and mental health services.*

Outcomes: *Sufficient detail provided. Outcomes appropriate to after-school services.*

Coordinated System: *Similar or related services/supports through Urbana School District 21st Century Learning Centers, Don Moyer Boys and Girls Club, and DREAM House. Plan to partner with each for effective academic, recreation and social emotional enrichments to participating youth. Attending school-based meetings, consulting with parents/guardians, maintaining classroom to community academic and behavioral resources, and agency collaborations.*

Budget and Program Connectedness: *Personnel section states clearly that the increased request (\$6,000) is to support additional Activity Leaders and Special Group Leader. Budget Narrative is helpful in clarifying apparent errors in personnel and expense form, includes detail on other expense items and all but one of the total program revenue sources; detail on Miscellaneous Revenue is missing, perhaps beyond text capacity (a later section has room and should be used).*

Technical Criteria

Approach/Methods/Innovation: *links to info about EBPs and best practices for: Bibliotherapy Education Project; Second Step Program | Second Step; Social-Emotional Learning Curriculum | Committee for Children; Elementary School Curriculum | Second Step*

Evidence of Collaboration: *working agreements with Urbana Park District, Rosecrance, and Urbana School District.*

Staff Credentials: *groups using Bibliotherapy or Second Step Life Skills are coordinated, facilitated, or supervised by staff with relevant Masters degrees or MSW students.*

Resource Leveraging: *N/A. No Other Pay Sources, Client Fees, or Sliding Scale identified, but total program does rely on other sources for 90% of revenues. Revenue form and Budget Narrative identify \$20,250 in membership fees, but these are to support special activities, out of town outings, etc., which are outside the scope of this contract.*

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 in program plan narrative (consumer access) and in budget narrative (miscellaneous revenue).*
- *revise personnel and expense forms re: staff positions to be charged to CCMHB.*
- *CLC Plan should be completed; technical support from staff is available.*

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: Senior Counseling & Advocacy

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$162,350
PY20 Total Program Budget: \$436,568
Current Year Funding (PY19): \$142,337
Proposed Change in Funding - PY19 to PY20 = 14 %

Focus of Application: Mental Health
Type of Contract: Grant
Priority: Other/Renewal

Services and People Served

Target Population:

Any Champaign County resident age 60 or older living in a domestic setting. Some services are available to adults with disabilities and to family caregivers. Many of the physical, social, mental, and emotional realities of aging are recognized risk factors for mental health problems. Clients must have one or more assessed needs addressed by the program: anxiety, depression, isolation, grief, or other mental health issue; neglect, abuse, or exploitation; and/or the need to access financial or material services or benefits. Priority is given to those with limited resources; no fees are charged so that income does not become a barrier to receiving needed services. A written outreach plan helps to ensure that rural seniors and those of diverse cultures have access to services. Seniors are the fastest growing segment of the population; in 2010 there were already over 28,500 seniors in Champaign County (over 14% of the population at that time). Studies by SAMHSA, the Administration on Aging, the Illinois Department of Public Health and others confirm that a significant number of seniors experience major depression or significant depressive symptoms.

Staff Comment: Section has been edited for PY20. Population served continues to be seniors age 60 with an emphasis on those with limited resources. Adults with disabilities and family caregivers are also eligible for some services. Research supporting the need to engage seniors is referenced.

Scope, Location, & Frequency of Services:

Service contacts provide information, referrals, assistance with warm transfers to other providers, and/or referral to one of our caseworkers for further assessment.

Non-Treatment Plan clients: With the client's presenting request, caseworkers use interview and standardized assessments such as the Geriatric Depression Scale, Geriatric Anxiety Scale, Geriatric Perceived Social Isolation Scale, and the Independent Activities of Daily Living Scale to start a person-centered plan of services and supports. Clients may receive very short-term supportive counseling as well as advocacy and referral. People become Treatment Plan clients if staff believe they might benefit from extended services and if the seniors are interested.

Treatment Plan clients: These seniors receive long-term supportive counseling, advocacy, referral, and follow-up. Supportive counseling uses multiple methodologies including but not limited to: PEARLS evidence-based program to empower older adults with mild depression to manage symptoms and improve quality of life; solution-focused therapy; empathic support; and reality therapy approaches. Family interventions and developing/implementing natural community and/or family supports is another methodology often used. We also offer several evidence-based healthy aging programs to our clients and the community including Chronic Disease Self-Management, Diabetes Self-Management, and Matter of Balance falls prevention. Advocacy includes help accessing services addressing poverty, isolation, chronic health concerns and other unmet needs that can lead to depression and anxiety. Staff refer people to community services for which they qualify, working with them until services are engaged.

Staff are actively engaged in outreach and education to raise awareness county-wide about services and supports available to seniors and their families. CCMHB funding supports all of these services for those clients that meet CCMHB eligibility

guidelines allowing us to meet both the short-term and long-term needs of Champaign County seniors, working with them until their issues are resolved to the extent that financial and clinical resources allow. Most services are provided in the client's home or in the community advocating with/for the client. Office visits are available, if preferred. Normal office hours are available 8:30 a.m. – 5:00 p.m., Monday-Friday. After-hours services are available, if needed. All service plans are client-driven. Advocacy services may be a one-time phone call and referral or staff can work with the client until services are in place. Non-treatment plan services generally are completed in 2-3 contacts. Treatment plan services may last for several years with, normally, weekly or monthly contacts, as needed.

Staff Comment: Continuum of services ranges from information and referral to screening and assessment to advocacy, case management, and counseling depending on the seniors expressed needs. The greater the level of need or care required determines how client engagement is reported. Not indicated is which services would be available to adults with disabilities. As of October 1, 2018, Family Service – Senior Resource Center no longer serves as the Coordinated Point of Entry, CRIS out of Vermilion County is now serves in that capacity for Champaign County.

Access to Services for Rural Residents:

We have a written outreach plan to present our services to rural areas. We distribute written material and offer talks at libraries, health fairs, senior centers, senior potlucks, etc. We also do talks with medical providers who may serve the rural populations. Services are provided in the homes of the seniors making it unnecessary for them to travel to Champaign-Urbana unless they chose to do so. Through the Family Service Senior Transportation program, we can offer rural seniors rides to our office and to medical or other appointments without cost to the senior. Most services are provided in the home of the senior or in the community with them or on their behalf. Local community resources such as the Community Services Center in Rantoul, libraries, churches, other neutral sites, or other service providers can be used for meetings if more convenient for the senior.

Access to Services for Members of Underrepresented/Minority Populations:

Our written outreach plan includes, in addition to rural outreach, efforts to reach underserved or underrepresented minority populations. Being visible at community gatherings such as Jettie Rhodes Day, attending health fairs or senior potlucks where there are significant numbers of minority populations, leaving literature and giving talks at senior housing where the underserved and underrepresented are likely to be, and having a diverse staff in terms of age, ethnicity, and background are all parts of the plan to reach minority populations. Our office is on a bus route and easily accessed. Again, most services are provided in the homes of seniors which helps reach those with mobility issues as well as those uncomfortable in office settings. We arrange interpreters as necessary for those who need them. Most services are provided in the home of the senior or in the community with them or on their behalf. Local community resources such as the Community Services Center in Rantoul, libraries, churches, other neutral sites, or other service providers can be used for meetings if more convenient or comfortable for the senior.

Staff Comment: Outreach plan is said to include efforts to target rural residents and underserved/underrepresented populations. Services can be provided in client's home or community; advocacy on client's behalf with other providers enables access for rural residents and underserved/underrepresented populations. Family Service offers transportation assistance through another program.

Residency: Total Served in PY2018 = 1387 and in first half of PY2019 = 676

Champaign Set	565 (40.7%) for PY18	279 (41.3%) for PY19
Urbana Set	388 (28.0%) for PY18	204 (30.2%) for PY19
Rantoul	143 (10.3%) for PY18	58 (8.6%) for PY19
Mahomet	84 (6.1%) for PY18	35 (5.2%) for PY19
Other Champaign County	207 (14.9%) for PY18	100 (14.8%) for PY19

Demographics: Total Served in PY2018 = 1387

Age

Ages 19-59 -----	136 (9.8%)
Ages 60-75+ -----	1,239 (89.3%)
Not Available Qty -----	12 (.9%)

Race

White -----	895 (64.5%)
Black / AA -----	362 (26.1%)

Asian / PI -----	22 (1.6%)
Other (incl. Native American and Bi-racial) -	70 (5.0%)
Not Available Qty -----	38 (2.7%)
Gender	
Male -----	503 (36.3%)
Female -----	884 (63.7%)
Ethnicity	
Of Hispanic / Latinx origin -----	31 (2.2%)
Not of Hispanic/Latinx Origin -----	1,305 (94.1%)
Not Available Qty -----	51 (3.7%)

Program Performance Measures

CONSUMER ACCESS:

Champaign County resident; age 60 or older; living in a domestic setting; has a need for our services. Adult Protective Services and assistance accessing some benefits are also available to those ages 18-59 with a disability. (Some services also include Piatt County residents but they are not counted as CCMHB clients.)

Staff use standardized and interview assessments along with presenting need to determine eligibility. They also collect demographic information including income information for some financial assistance programs. An on-going or periodic assessment of need is done as required. A score of 1 or more on the PHQ2 initial PEARLS screening makes a person eligible for an in-depth PEARLS assessment. Unless the person has a disqualifying issue as per the PEARLS program s/he is eligible for PEARLS. Word of mouth; referral by other social service agencies; brochures and other printed materials distributed throughout the community; at health fairs and other community events; from their faith community, doctor, banker, or first responders; media such as phone book ads, Facebook, Twitter, and our website.

Within 30 days from referral, 90% of those referred will be assessed.

Within 7 days of assessment, 95% of those assessed will engage in services.

People will engage in services, on average, for One day to several years depending on service.

Additional Demographic Data: Financial on some people, living arrangement, living status (alone or with others), marital status, if limited English speaking

Staff Comment: Eligibility is based on age, housing, and need. Adult Protective Services has expanded eligibility that includes adults with a disability. Screening determines need and level of engagement. Services are promoted in variety of ways. High percentage of those referred will be assessed and engage in services.

CONSUMER OUTCOMES:

1. People will be referred to needed services for anxiety, depression, and/or social isolation.
2. People will have reduced anxiety, depression, and social isolation scores.
3. Seniors and adults with disabilities receiving protective services will have reduced risk scores.
4. PEARLS clients will have reduced PHQ9 scores.
5. People will have their presenting need addressed.

Measured by:

1. Geriatric Anxiety, Geriatric Depression, and Geriatric Perceived Social Isolation assessment referral section - assessment of senior by caseworker
2. Geriatric Anxiety, Geriatric Depression, and Geriatric Perceived Social Isolation assessments - assessment of senior by caseworker
3. Adult Protective Services At Risk Scale - assessment of senior by caseworker
4. PEARLS PHQ9 tracking sheet - completed by caseworker
5. Outreach Referral sheet - completed by caseworker

Outcome gathered from all participants? No. Those receiving service contacts or non-treatment plan services will have only #5. Only Adult Protective Services clients will have #3. Only PEARLS clients will have #4. Treatment plan clients may have #1,2,4, and/or 5; they will receive assessments twice a year for #1 and #2.

Anticipate 8335 total participants for the year.

Will collect outcome information: Monthly for #1 & #2. At 3 months for #3. At end of program #4. At completion #5.

Is there a target or benchmark level for program services? Yes. The outcomes each have agency determined targets.

Estimated level of change for each outcome:

1. 90% will have referrals made; 50% will accept service to which referred.
2. 70% will experience some level of reduced scores.
3. 80% will experience some level of reduced at risk scores.
4. 50% will have some level of reduced PHQ9 scores.
5. 70% will have their presenting need met.

For FY 18, we served 5 PEARLS clients, 31 seniors had depression scales, 28 had social isolation scales, and 30 had anxiety scales completed. Data collection systems were set up during FY 18 for outcome reporting. FY 19 outcome data will be available for the 4th quarter report.

Staff Comment: Consumer outcome measures, evaluation methods, and projected impact are presented. One measure is specific to Adult Protective Services. The other outcomes and targets relate to reduction of anxiety, depressive symptoms, and social isolation, and where indicated referrals made to clinical services. Program's efforts to ensure the population served is representative of the county will also be measured.

UTILIZATION:

Treatment Plan Clients (TPCs): 285 - those who require help with long-term and/or complex needs including mental health issues. Their case record includes a comprehensive assessment, other assessments for depression, anxiety, social isolation, cognitive functioning and/or unmet needs. Each client has a treatment plan addressing assessed needs.

Non-Treatment Plan Clients (NTPCs): 550 - those who require interventions to address needs that can be resolved in no more than 2 or 3 contacts. Case record includes a comprehensive assessment, but no formal treatment plan is developed.

Service Contacts (SCs): 7500 - clients who receive information, referral and assistance provided by telephone or computer to seniors, those with disabilities, or those calling on their behalf regarding resources and services that are needed or wanted by seniors.

Staff Comment: Loss of some other contracts in early PY19 has impacted NTPCs – one-time interventions and Other services to caregivers. PY20 targets have been adjusted accordingly.

PY20 Annual targets (per Utilization Form)

	TPC	NTPC	SC	OTHER
Annual Target	285	550	7500	0

From submitted quarterly Service Activity reports:

PY19 Mid-Year Total	198	344	4266	134
PY19 Target	320	1290	9500	195
PY18 Full-Year Total	272	1083	8518	145
PY18 Target	320	1275	9200	200

Financial Analysis

PY20 CCMHB Funding Request: \$162,350

PY20 Total Program Budget: \$436,568

Current Year Funding (PY19): \$142,337

Proposed Change in Funding - PY19 to PY20 = 14.1%

PY19 request was for \$142,337

PY18 request was for \$142,337 and award \$142,337

PY17 request was for \$142,337 and award \$142,337

CCMHB request is for 37% of total program revenue. Other revenues are: Grants – various sources = \$95,221 (22%); Fee for Service Contracts = \$157,700 (36%); and Other source – various = \$21,297 (5%).

Staff Comment: CCMHB is single largest source of support followed closely by a state fee for service Adult Protective Services contract. After many years of not seeking an increase, the program has requested 14% (\$20,000) more for PY20. Total program budget is lower for PY20 due to loss of some East Central Illinois Area Agency on Aging (ECIAAA) contracts. Increase from CCMHB would restore a half-time caseworker position and prevent further loss of staff.

Expenses: Personnel related costs of \$136,087 are the primary expense charged to CCMHB at 84% of \$162,350. Other expenses are: Professional Fees/Consultants \$3,850 (2%), Consumables \$1,502 (1%), General Operating \$4,250 (3%),

Occupancy \$4,831 (3%), Conferences/Staff Development \$2,095 (1%), Local Transportation \$4,129 (3%), Equipment Purchases \$563 (0%), Membership Dues \$90 (0%), and Miscellaneous \$4,953 (3%).

Staff Comments: Total Agency, Program, and CCMHB Budgets are balanced. Expense lines are charged to CCMHB at rate approximate to CCMHB percentage of revenue. Exception is specific assistance, funded entirely from other sources. Some smaller expenses (all justified, related to services) should be assigned to different categories: internet fees under General Operating; copier and postage meter under lease/rental.

Program Staff - CCMHB Funds: 0.77 FTE Indirect and 3.21 FTE Direct. Total CCMHB = 3.98 FTEs.

Total Program Staff: 2.06 FTE Indirect and 8.50 FTE Direct. Total Program = 10.56 FTEs.

Staff Comment: CCMHB supports portions of fourteen direct program positions. Support ranges from a low of 1% to a high of 38%. Not all staff are assigned to the program fulltime. One new halftime case manager position is proposed, with CCMHB funding 19% of the cost. CCMHB supported indirect staff time is spread across eight positions.

Audit Findings: *No negative findings in PY18 audit. Audit is required of PY19 contract and will be of 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 was submitted as a 'renewal/other' application but would align with this criterion. Program serves seniors, providing case management, counseling, and advocacy, and other supports. Some specialized care specific to the elderly is offered.*

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: *Outreach plan coupled with capacity to deliver services in client's home enables elderly living in rural areas and in underserved communities to access services. This program is the only proposal before the CCMHB specifically targeting services to the elderly.*

Inclusion and Anti-Stigma: *Addressing stigma is not a focus of the application, although it mentions age-related discrimination felt by program clients, and the agency participates community-wide anti-stigma efforts. In home supports are provided to clients.*

Outcomes: *Access and Consumer outcome measures, evaluation tools, and performance targets are clearly identified.*

Coordinated System: *CRIS Healthy Aging Center out of Vermilion County provides some ECIAAA funded services in Champaign County. Family Service also offers other programs/services of benefit to seniors. Depending on level of care required or presence of wait lists, providers make cross-referrals.*

Budget and Program Connectedness: *Budget Narrative provides adequate descriptions of all associated revenues, expenses, and staff. Program aligns with budget. Funding for personnel supports a portion of all program staff positions. Remaining funds are costs allocated proportionate to CCMHB revenue. PY20 request is for an increase of 14% over PY19 to add a case worker; the program has not sought/received an increase in many years.*

Technical Criteria

Approach/Methods/Innovation: *Subset of those screened for PEARLS (Program to Encourage Active, Rewarding Lives) engage in the evidence-based depression intervention program. Links to information on the model are provided. Program also offers access to other self-care programs to help manage chronic diseases.*

Evidence of Collaboration: *Written agreements with other aging, social service, and health system providers. Not referenced as part of coordination or collaboration responses is the Counseling and Advocacy program's leadership role in the Senior Task Force.*

Staff Credentials: *Education requirements, information and referrals credential and others plus some specialized training for Adult Protective Services caseworkers are referenced.*

Resource Leveraging: *As 37% of program revenue, CCMHB funds are identified as local match for ECIAAA grants.*

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 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: Rape Advocacy, Counseling, & Education Services
Program: Sexual Violence Prevention Education

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$70,000
PY20 Total Program Budget: \$763,311
Current Year Funding (PY19): \$18,600
Proposed Change in Funding - PY19 to PY20 = 276 %

Focus of Application: Mental Health
Type of Contract: Grant
Priority: Other/Renewal

Services and People Served

Target Population:

Sexual violence prevention services conducted by Rape Advocacy, Counseling, & Education Services (RACES) are provided to residents of Champaign County aged three and older. RACES uses a comprehensive, multi-level, evidence-informed strategy to provide programming to students, parents, teachers and other community members to prevent sexual violence. Age-appropriate programming is offered to all residents of Champaign County. Special attention is given to ensuring the inclusion of underrepresented and marginalized communities, including racial and ethnic minorities, rural residents and members of the LGBTQ+ community. We publicize our services widely so that any interested group has access to the service. Common locations for prevention programming include schools (pre-K through High School) and youth clubs. RACES also provides regular prevention programming to residents of the Champaign County Juvenile Detention Center to support their social and emotional growth and to reduce their risk of victimization. RACES offers services to any Champaign County resident regardless of their age, race, religion, sex, gender identity, immigration status, sexual orientation, or position within another identity-based group.

Staff Comment: Population served is clearly described. Effort is made to engage marginalized groups as well as the general population.

Scope, Location, & Frequency of Services:

In accordance with the Centers for Disease Control and Prevention (CDC) best practice, RACES works to prevent sexual violence on multiple levels (see link below). We offer evidence-informed, age-appropriate sexual violence prevention programs as outlined below. All school-based programs are multi-session and fulfill Erin’s Law (mandates sexual violence prevention programming).

- Pre-school and elementary
 - Second Step - Child Protection Unit: Nationally recognized program with a focus on safety.
 - radKIDS: Safety and empowerment curriculum.
- Middle School
 - Safe Dates: Highly recommended program focused on healthy relationships as a form of violence prevention.
 - RACES Healthy Relationships 101: Evidence-informed program designed by RACES staff and evaluated with assistance from the CCMHB Consultation Bank to address sexual violence risk factors.
- High School
 - I Heart Consent: Program developed by RACES staff and evaluated with assistance from the Consultation Bank.
 - One Love: Nationally recognized program used as a follow up to I Heart Consent.
- Adult
 - Darkness to Light: Renowned program on how to prevent and respond to child sexual abuse.
 - Professional trainings: Trainings designed to create more supportive responses to survivors.
- Community Events and Collaboration: Our staff provide sexual violence prevention information at numerous events

each year. RACES and the Champaign Urbana Public Health District have also developed a coalition for sexual violence prevention. RACES is leading community partners in developing a collaborative approach for further combating sexual violence in Champaign County. All services are free. The discussion of this topic through multiple approaches also combats stigma around sexual violence. We schedule two trained educators for each K-12 session. This allows for one staff member to individually attend to a child if they disclose child sexual abuse. Every program attendee is made aware of age-appropriate resources, including other free services at RACES.

<https://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>

Location / Frequency: Our Educators travel to the location most convenient for participants. That means that most sessions are completed in schools, youth serving organizations and other community spaces. They also travel to the Champaign County Juvenile Detention Center each week to provide programming to residents of the facility. RACES will work with interested parties to find spaces in which to hold educational programming, if one is not readily available to the group requesting this service. RACES will also attend community events including Carle Foundation Hospital's Playing It Safe (Children's safety fair), CU Pride Fest and Health Fairs.

Staff Comment: Education activities are targeted to specific age groups with age appropriate messaging as well as the community at large. Specific models are identified for the respective age groups. Some of the models involve a series of presentations/sessions. Education programs are offered throughout the county, primarily through the schools. Two staff attend each session to allow for flexibility in dealing with any abuse disclosure during a session.

Access to Services for Rural Residents:

RACES' Prevention staff travel to all parts of Champaign County where services are requested, as scheduling allows. We recognize that the Prevention Education program often is the first point of contact people may have with any of our services. This increases the value and importance of reaching those underserved areas. We have had individuals and their families request counseling or call our crisis hotline after our Educators have been in their community. Many students from these Townships receive services wherever their school is located. For example, RACES has a long standing relationship with Heritage High School in Broadlands, which is in Ayers Township. Children from the other listed townships may attend consolidated schools in a different zip code and would receive services there. Our Educators prioritize meeting participants in their communities. This sometimes leads to facilitating the provision of other services in these rural areas as well. For example, if a student in Ludlow discloses and is interested in starting counseling services, RACES would work with the family to see if we could send a Counselor to Ludlow to meet with the child. These services and any other services from RACES are offered at no cost.

Access to Services for Members of Underrepresented/Minority Populations:

RACES is committed to serving all members of the community. We are aware that individuals who are racial and ethnic minorities and/or members of the LGBTQ+ community are at higher risk of sexual victimization and may face unique barriers to receiving services. The curricula used are intentionally designed to be inclusive of minority populations and programming is offered to all schools in Champaign County, including those with high proportions of students of color. RACES also participates in events that focus on minority populations, including CU Pride Fest and minority-specific health fairs. RACES generally provided educational programming in schools. If a group was not comfortable receiving the program in a school, we would work to find another space.

Staff Comments: Prevention based program presents throughout Champaign County, primarily through schools. This approach enables access to services by rural and underserved populations.

Residency and Demographic data: N/A – participant specific data on those attending presentations is not collected.

Residency: Total for residency for PY18 is zip code of presentation location. For PY19 is number of participants at the zip code of presentation location.

Champaign Set	6 (9%) for PY18	1,424 (47%) for PY19
Urbana Set	10 (14%) for PY18	306 (10%) for PY19
Rantoul	41 (59%) for PY18	1,045 (34%) for PY19
Mahomet	0 (.0%) for PY18	46 (2%) for PY19
Other Champaign County	12 (17%) for PY18	and (7%) for PY19

Demographics is count of those attending presentations and is not an unduplicated count.

PY2018 = 8,664 attended a presentation (duplicated count)

PY2019, first six months = 3031 attended a presentation (duplicated count)

Program Performance Measures

CONSUMER ACCESS:

RACES Prevention Education programming is offered for free to all schools and community organizations in Champaign County. Educators' schedules may fill quickly. With the staff we had available in FY19, some schools tried to schedule classes after our Educators' schedules were already full. Our request for increased funding would allow us to provide programming to schools that were unable to receive this service in FY19. As long as the person or organization making the request is in Champaign County, they are eligible for our prevention education programming. CCMHB funding is used only for programming in Champaign County. Paper letters are sent in August to school superintendents, school principals and school social workers in all of Champaign County. The letter is followed up with an email two weeks later. Prevention Education is highlighted at community events that RACES participates in and people may hear about our programming through RACES' social media or website. The agency can be called or emailed to request a program.

Within 4 days from referral, 100% of those referred will be assessed.

Within 8 days of assessment, 80% of those assessed will engage in services.

People will engage in services, on average, for: Most programs consist of four sessions. Students usually receive four sessions. The program for adults is a single session.

Additional Demographic Data: Our data collection is comprised of the zip code of the school or organization where the presentation takes place. Due to the fact that this service is provided to large groups over multiple sessions, we can not collect data on race, ethnicity, age and gender.

Staff Comment: Access to the educational programming is by request. Entity requesting presentation will be contacted within four days of making the request and 80% will have presentation scheduled for future date within eight days of contact. Demand for presentations said to exceed staff capacity resulting in PY20 request for additional funding to increase prevention education staff.

CONSUMER OUTCOMES:

As with most education initiatives, the ultimate desired outcome is to change behaviors and attitudes for a lifetime; we seek to reduce the overall rates of sexual violence and to create more appropriate and sensitive societal response to sexual victimization. Measuring such longitudinal change is outside the scope of a small, local agency. However, RACES uses age appropriate pre and post-tests to measure three key outcomes.

1. Knowledge gained
2. Attitude change related to risk factors
3. Attitude change related to protective factors

We are looking for increased knowledge (1), decreased acceptance of measures related to risk factors (2) and increased acceptance of measures related to protective factors (3). We will use four empirically validated assessments created and developed by curriculum providers and two assessments that were created with the CCMHB Consultation Bank. Data will be collected from participants in each of our programs. Tools used for preschool and elementary school participants are designed to measure progress related to outcomes #1 and #3. Many protective factors for this group are related to age and gender, which will not be impacted by our programming. Tools used for middle school and high school will measure changes related to all three outcomes. The tool used for the Darkness to Light program, for adults, will measure change related to outcomes #1 and #3.

Outcome gathered from all participants? Yes.

Anticipate 8000 total participants for the year.

Will collect outcome information On the last day of each program. That usually means after the fourth session in a multi-session program.

Is there a target or benchmark level for program services? Yes. Our benchmark will be FY19, which was the first year surveys were implemented. In the first half of FY19, we have seen promising changes captured in the pre and post tests. This information will inform future evaluations of the program.

Estimated level of change for this outcome is: Data collected from FY19 will be used to establish FY20 benchmarks regarding levels of change. National curricula that provide their own evaluations tools do not have recommendations for levels of change that should be expected. Two of our programs use evaluation tools developed with the Consultation Bank and goals will be based on an initial assessment of these tools.

Staff Comment: Outcomes including population outcome associated with, method of evaluation, and tools used, are referenced. Results for PY19 will serve as benchmark for future comparison.

UTILIZATION:

Service Contacts (SCs): 8,000 individuals who attend and participate in one of our sexual violence prevention education presentations. Because many of our presentations are multi-session, and we have no way of tracking attendance between sessions, this number will of necessity be a duplicated number of people. As noted above, RACES has exceeded the target for FY19. Based on utilization data from FY19 and increased capacity that would result from the addition of more staff, our target will be to reach 8,000 participants, up from our target of 2,000 participants for FY19.

Community Service Events (CSEs); 400 - in-person educational presentations provided by RACES staff. Coming out of a rebuilding year, our target for FY19 was to provide 100 educational presentations. As of December 2018, we have already exceeded that goal. Based on those already served in FY19 and the addition of new staff with the funding increase we are requesting, our new target will be to provide 400 presentations. This increased capacity would allow for a focus on reaching more elementary schools.

Other: 12 - media interviews, awareness initiatives of other situations where information about our issues are imparted to listeners. While some of these events could fall under the Community Service Events category, we separate them out to allow for greater focus and clarity around the provision of educational programming.

Staff Comment: Targets are adjusted based on past performance and proposed hiring of two new staff. Service contacts represent a duplicated count.

PY20 Targets, per Utilization Form, Part II:

	SC	CSE	OTHER
PY20 Target	8000	400	12
From submitted quarterly Service Activity reports:			
PY19 Mid-Year Total	3031	158	6
PY19 Target	2000	100	12
PY18 Full-Year Total	8664	214	23
PY18 Target	500	100	12

Financial Analysis

PY20 CCMHB Funding Request: \$70,000

PY20 Total Program Budget: \$763,311

Current Year Funding (PY19): \$18,600

Proposed Change in Funding - PY19 to PY20 = 276.3%

PY19 request was for \$18,600

PY18 request was for \$18,600 and award \$18,600

PY17 request was for \$18,600 and award \$18,600

CCMHB request is for 9% of total program revenue. Other sources are: United Way = \$35,000 (5%); Contributions - various = \$10,000 (1%); Grants -CSSF/Cunningham Township = \$6,400 (1%); Grants -Victims of Crime Act (VOCA) through statewide organization ICASA = \$392,409 (51%); Grants -Violence Against Women Act (VAWA) through statewide organization ICASA = \$40,004 (5%); Grants -State of Illinois General Revenue Funds = \$209,498 (27%).

Staff Comment: The total program section of the financial forms was not completed correctly. It is difficult to determine the appropriateness of the request because of the errors. Total agency and total program budgets are the same but should not be, as RACES offers multiple program/services. For PY19, the Prevention education program had a budget of \$110,004 while total agency budget was \$650,391. RACES is requesting an increase of \$51,400 over the PY19 award.

Expenses: Personnel related costs of \$65,184 are the primary expense charged to CCMHB at 93% of \$70,000. Other expenses are: Consumables \$1,293 (2%), Conferences/Staff Development \$800 (1%), Local Transportation \$1,173 (2%), Membership Dues \$1,500 (2%), and Miscellaneous \$50 (0%).

Staff Comments: Total Agency, Total Program, and CCMHB budgets are all balanced as presented but were completed incorrectly. Absent from expenses charged to CCMHB is the audit. Agency will be required to complete an audit for CCMHB. ICASA membership dues charged to the Board enables RACES to access federal funds passed through the agency. Other expense lines support prevention education staff activities.

Program Staff - CCMHB Funds: 0.00 FTE Indirect and 1.62 FTE Direct. Total CCMHB = 1.62 FTEs.

Total Program Staff: 2.00 FTE Indirect and 8.52 Direct. Total Program = 10.52 FTEs.

Staff Comments: Total program FTEs is for total agency. For CCMHB supported personnel, three positions comprise the 1.62 FTEs. One existing fulltime position is partially supported by the CCMHB (.36 FTE). The other two positions, one fulltime (1 FTE) and one part-time (.4 FTE), are new and currently vacant. CCMHB funds support 90% of each position (.9 FTE and .36 FTE). The other 10% comes from state General Revenue Funds to cover staff time working in three other counties. That CCMHB pays 100% of the cost for the new staff to work in Champaign County while time spent elsewhere is covered with state funds is a concern. GRF should support a portion of Champaign County expenses too.

Audit Findings: N/A. Audit was not required in PY18 or in PY19. If selected for PY20 funding, an audit is 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

Priority: System of Care for Children, Youth, Families: CCMHB staff consider proposal to align with this priority.

Priority: Collaboration with the Champaign County Developmental Disabilities Board

RACES submitted this application as Other/Renewal.

Agency Cultural and Linguistic Competence Plan

Sexual violence prevention services conducted by Rape Advocacy, Counseling, & Education Services (RACES) are provided to residents of Champaign County aged three and older. RACES uses a comprehensive, multi-level, evidence-informed strategy to provide programming to students, parents, teachers, and other community members to prevent sexual violence. Age-appropriate programming is offered to all residents of Champaign County. Special attention is given to ensuring the inclusion of underrepresented and marginalized communities, including racial and ethnic minorities, rural residents, and members of the LGBTQ+ community. RACES provides 4 hours of training on privilege and oppression within 60 days of hire for new employees and for volunteers providing direct service. The board allocates money for cultural competence training for the board of directors and staff. RACES will collaborate with many agencies, and the information is outlined in part 1 of the program plan. RACES will utilize an audio language line that is available in 210 languages. Materials are available to clients in Spanish, and volunteers are asked if they are willing to provide interpretation services for clients. A CLC Committee will review the goals and progress that are included in the CLC Plan. The timeframe for completing the actions are annually and continuously noted, instead of having a clear timeframe for completing the action steps outlined in the CLC plan. RACES matched the actions in the CLC Plan with the National CLAS Standards, and the updated template was utilized.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: Prevention education is based on presenting to the public in locations they find accessible. Here, that is primarily schools throughout the county. Program also references specific marginalized populations targeted for education.

Inclusion and Anti-Stigma: Rape awareness education and prevention activities are tied to reducing stigma associated with being a victim of sexual violence.

Outcomes: Access and Consumer outcomes are sufficient to evaluate program impact.

Coordinated System: RACES is the only agency in the county that provides sexual violence prevention education. Agency coordinates with other agencies conducting public education campaigns on related topics and makes referrals to other providers, and active in the sexual violence prevention coalition.

Budget and Program Connectedness: Budget Narrative provides adequate detail on associated revenues, expenses, and personnel for CCMHB budget. Revenue, expense, and personnel forms need to be revised as total program budget sections are incorrect. Non-personnel expenses charged to CCMHB support staff activities. There are some concerns with how two new staff positions are funded.

Technical Criteria

Approach/Methods/Innovation: Prevention education curricula and recommended content for prevention programming are referenced. Links to sources are provided.

Evidence of Collaboration: *Written agreements with a wide range of providers across various systems are listed.*

Staff Credentials: *Training requirements for all staff and specific education, work experience, training, and certification of program staff are identified. Regular supervision of prevention education staff is noted.*

Resource Leveraging: *RACES is requesting an increase of \$51,400 (276%) over PY19 award. Increase funding would support 90% of two new positions (1 FTE and .4 FTE). The other 10% would come from state GRF to fund activities occurring outside Champaign County. Some portion of the new Champaign County staff should be supported with GRF. CCMHB pays RACES membership dues in ICASA that passes through federal funds but also administers the GRF 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 financial forms (revenue, expense, personnel, and budget narrative) to reflect total program expenses.*
- *If contract awarded, funds supporting two new positions, should be withheld and pro-rated once position(s) filled.*
- *A portion of new staff positions should be supported in part with GRF funds, minimum of 10%, to equal amount allocated for out of county 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: United Cerebral Palsy Land of Lincoln CCMHB Program: Vocational Training and Support

Draft PY2020 Program Summary

PY20 CCMHB Funding Request: \$105,000
PY20 Total Program Budget: \$105,000
Current Year Funding (PY19): \$43,238
Proposed Change in Funding - PY19 to PY20 = 143%

Focus of Application: Mental Health
Type of Contract: Grant
Priority: Other/Renewal

Services and People Served

Target Population:

Champaign County residents with a mental health disability, ages 18-55, who may have substance use disorders and require extended support services or vocational training to maintain successful employment, to become job ready and become financially stable. Referrals from the Division of Rehabilitation Services (DRS), Champaign County Regional Planning Commission (CCRPC), schools and other agencies that serve people with mental illness. Some eligible clients may be "at risk" and susceptible to abuse, neglect or exploitation because they are not able to access services necessary for their safety, health or welfare or they lack sufficient understanding or capacity to communicate or make responsible decisions. UCP currently holds a contract with CCDDDB to provide employment services to people with DD. UCP has recognized a need for vocational training and support for people who have a mental health disability.

Staff Comments: section edited by staff; content unchanged from previous year's application.

Scope, Location, & Frequency of Services:

Employment training, job placement and support services, money management training and self-advocacy skills to 50 adults who want to become financially stable. The program will meet with participants to identify barriers to employment and help them develop plans to overcome these barriers. Job development and placement services and support services to maintain success on the job. UCP will: collaborate with financial partners in the community to provide money management planning, self sufficiency skills and education on future planning and security; mentor individuals on money management skills and provide case management and job coach services to support finding and maintaining a job and becoming self-sufficient. Extended job coaching and case management to individuals currently working in the community; vocational training and job development to those who have lost employment or want to improve their job skills. Some individuals have utilized time-limited DRS services but still need support to maintain their job. UCP will provide job coaching/ support services to allow individuals to continue working in their community, receive promotions, and increase work hours. Individuals looking for employment will receive training to prepare for the workforce.

Assessments, interviews, career exploration, and identification of those support services needed to become job ready and financially stable. Services at numerous sites in participant's community: UCP staff office at Sunnycrest Center in Urbana; community job sites and other locations as necessary for the participants' success.

Staff Comments: section edited by staff; content very similar to previous year, new office address.

Access to Services for Rural Residents:

All program participants are responsible for their own transportation to and from the training; services at Urbana office, participants' job sites, and respective areas. Rural residents can work with staff on transportation options to the CU area. If the person is interested in working in a rural community, then job shadowing activities will reflect this choice; staff will provide job-shadowing in the participant's community. Training includes Community Living and Transportation.

Access to Services for Members of Underrepresented/Minority Populations:

All clients served by the program will be members of the population that are underserved or underrepresented and at risk. Participants can work with staff regarding their barriers and how to overcome them. Again, all services at Urbana office, client job sites, and respective areas.

Staff Comments: sections edited by staff; reference to underserved/underrepresented not clear; see also CLC Plan review.

Residency: Total Served in PY2018 = 16 and in first half of PY2019 = 14

Champaign Set	8 (50.0%) for PY18	7 (50.0%) for PY19
Urbana Set	4 (25.0%) for PY18	1 (7.1%) for PY19
Rantoul	3 (18.8%) for PY18	4 (28.6%) for PY19
Mahomet	0 (.0%) for PY18	2 (14.3%) for PY19
Other Champaign County	1 (6.3%) for PY18	0 (.0%) for PY19

Demographics: Total Served in PY2018 = 16

Age

Ages 13-18 -----	1 (6.3%)
Ages 19-59 -----	13 (81.3%)
Ages 60-75+ -----	2 (12.5%)

Race

White -----	13 (81.3%)
Black / AA -----	2 (12.5%)
Other (incl. Native American and Bi-racial) -----	1 (6.3%)

Gender

Male -----	12 (75.0%)
Female -----	4 (25.0%)

Ethnicity

Not of Hispanic/Latinx Origin -----	16 (100.0%)
-------------------------------------	-------------

Program Performance Measures

CONSUMER ACCESS:

Participants must: have a documented mental health disability and require extended support services or vocational training to maintain successful employment and become job ready and financially stable; reside in Champaign County; be willing to obtain employment and follow employment policies and procedures once hired. Some may be considered "at risk" and susceptible to abuse, neglect or exploitation because they are not able to access services necessary for their safety, health or welfare or they lack sufficient understanding or capacity to communicate or make responsible decisions. Referrals assessed by CCRPC; participants who do not meet PUNS DD eligibility (for CCDDDB-funded services) will be required to bring documentation of their disability from a Physician. Referrals to the program from DRS, CCRPC, schools, and other community partners who serve people with mental health disabilities. Program candidates will be contacted by UCP staff within 7 days of receipt of referral, and they will set up a schedule for candidates to start the intake process.

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

Within 7 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for: Varies depending on participant needs.

Additional Demographic Data: Type of disability

CONSUMER OUTCOMES:

1. Extended job support services to 50 individuals with mental health disabilities.
2. Vocational training/self-advocacy skills to 25 individuals with mental health disabilities.
3. 90% program participants will obtain employment.

Assessments include: O*NET (Career Interests Inventory), Barriers to Employment Success Inventory, Vocational Questionnaire, ECDP Plan (Exploring Choices, Discovering Possibilities) and TABE test. Based on results, an ISP (Individual Service Plan) will be developed with each individual, with goals that address barriers to employment and financial stability and with identified supports for each individual. Employment staff will provide a schedule of trainings at UCP office or community sites. Instruction may include individual or group activities. Participants sign in, and employment staff document attendance. This model for delivery of employment/financial supports that begin with

assessments and goal development moves away from separate program silos that rely solely on a specific intervention. Operational data for program services is collected through task analysis sheets, daily notes and attendance. Info from task analysis and daily notes tallied monthly to determine goal progress; monthly goal implementation and progress notes are recorded in spreadsheet. Standard codes are used to provide additional information on goals not implemented or not on track to be met. Action plans can be developed or revised based on the analysis to address goals not on target. Data and information from customer surveys, complaints, immediate feedback and training evaluations is also collected in spreadsheets. Chronological and Time intervention notes show hours of service for each individual. Attendance sheets and daily notes track each person's progress to determine completion of the program.

Outcome gathered from all participants? Yes.

Anticipate 50 total participants for the year.

Will collect outcome information daily depending on participant schedules.

Is there a target or benchmark level for program services? Yes. Participants are trained and supported to become as independent as possible and no longer requiring vocational and/or job supports from UCP. However, participants are aware that at any point in time if they require further services that can reenter the program at any time.

Estimated level of change for this outcome is 100% of participants are given a Customer Satisfaction Survey that includes questions regarding customer choice and satisfaction of services received. UCP's goal is that 100% of customers are involved in writing their ISP, creating their goals and are happy with the job they choose in the community.

Staff Comments: above is edited. 1 & 2 are program goals rather than consumer outcomes.

UTILIZATION:

Treatment Plan Clients (TPCs): 50 - an initial staffing with each program participant during the first month of service to develop an Individual Service Plan that is person-centered and based on individual employment goals, addressing personal, social, financial, and employment issues as potential barriers to successfully completing the program.

Service Contacts (SCs): 100 include intake for all new participants as well as screenings of potential candidates who do not enter the program. This will also include potential candidates to the program and others met during community events.

Community Service Events (CSEs): 40 consist of: in-service trainings to DRS, CCRPC, and community agencies on how to identify potential candidates for the program; public presentations for disability groups and organizations, colleges and/or universities, high schools, and advocacy groups.

Other: 12,500 estimated contact (service) hours. Program services to 50 individuals, 5 hrs/wk, for 50 weeks. Contact hours for job development, job placement, job coaching, case management, staffings, site visits, etc. The amount of contact hours might vary from individual to individual, depending on the level of support needed.

Staff Comments: sections are slightly edited for space; 67% increase in TPC and service hour targets are partial justification for requested increase (143%). A discrepancy exists in last year's forms, showing target of 30 TPC and 7,500 hours Other in Part One form, compared with targets of 25 TPCs and 4,000 hours Other in Part Two form. If Part Two form is true, increase in TPCs is 100%. Both would be substantial increases.

PY20 Annual targets (per Utilization Form)

	TPC	SC	CSE	OTHER
Annual Target	50	100	40	12500

From submitted quarterly Service Activity reports:

PY19 Mid-Year Total	28	17	11	1250.5
PY19 Target	25	75	35	4000 <i>(Part One form listed 30 TPCs as the target)</i>
PY18 Full-Year Total	16	50	28	1095
PY18 Target	30	90	40	7500

Financial Analysis

PY20 CCMHB Funding Request: \$105,000

PY20 Total Program Budget: \$105,000

Current Year Funding (PY19): \$43,238

Proposed Change in Funding - PY19 to PY20 = 142.8%

P19 request was for \$51,885

P18 request was for \$51,885 and PY18 award for \$51,885 (new that year)

CCMHB request is for 100% of total program revenue. *Error: combining of grants in total agency revenue column.*
Expenses: Personnel related costs of \$96,323 are the primary expense charged to CCMHB at 92% of \$104,381. Other expenses are: Professional Fees/Consultants \$100 (0%), Consumables \$550 (1%), General Operating \$800 (1%), Occupancy \$100 (0%), Conferences/Staff Development \$100 (0%), Local Transportation \$1,500 (1%), and Lease/Rental \$4,908 (5%). *Errors: total program and CCMHB columns are not equal but should be, given no other program revenue.*
Staff Comments: *Total agency budget shows a deficit of \$930,894. Total program and CCMHB budgets should be balanced (and identical) but errors in Expense form create surpluses for each (and in different amounts).*
Program Staff - CCMHB Funds: 0.10 FTE Indirect and 2.90 FTE Direct. Total CCMHB = 3.00 FTEs.
Total Program Staff: 0.10 FTE Indirect and 2.90 FTE Direct. Total Program = 3.00 FTEs.
The increase over current year personnel related costs is 144%.

Audit Findings: *PY2018 audit was not submitted by the extended deadline and, when submitted, was not in compliance with CCMHB contract requirements. An audit is required for PY2019 contract and PY2020 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 – *although “Other/Renewal” was selected as priority area, supports for employment for people with behavioral health conditions should be considered an Innovative Practice (even though not directly Access to BH services).*

Priority: System of Care for Children, Youth, Families

Priority: Collaboration with the Champaign County Developmental Disabilities Board

Agency Cultural and Linguistic Competence Plan

UCP will provide services to individuals with a mental health disability, ages 18-55, living in Champaign County who may have substance abuse disorders and require extended support services or vocational training to maintain successful employment, to become job ready and financially stable. UCP staff will complete the required cultural competency training annually including considerations for persons served, personnel and other stakeholders in the following areas: culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, and language. This will be completed on-line through the Relias Learning Management System. There is an agency wide Affirmative Action Policy that is evaluated. The Relias system is evaluated for trends. There is not a clear plan about assessment or evaluation for cultural competence. There was not a clear plan of outreach and engagement other than working with clients at the office sites. It was not clear if UCP utilizes clients for plan development or the individuals of diverse backgrounds that work with the organization. There was a section missing about Language and Communication in the CLC Plan. UCP does not have any formal and does not mention interagency collaboration with other organizations. UCP matched the actions in the CLC Plan with the National CLAS Standards, and they utilized the updated template.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: *addressed above and in CLC Plan review; unclear how the program reaches these groups; presentations planned as CSEs could target underserved areas and minority groups.*

Inclusion and Anti-Stigma: *while not directly addressing stigma, application notes possible barriers to success and strategies to overcome these. Community employment itself can be seen as an anti-stigma strategy.*

Outcomes: *one of the three listed outcomes is relevant to consumers, measured by the securing of employment.*

Coordinated System: *identified as providing similar or related services are: Rosecrance, Goodwill, and DRS. Partnership with Rosecrance to offer services to those who have mental health disorders or developmental disabilities.*

Budget and Program Connectedness: *Budget narrative provides adequate explanations of all revenue sources, expense items, and assigned personnel. The rationale for increase in request is related to competitive staff salaries, higher rental and utility costs (larger office was needed for number of staff and participants), increased level of service.*

Technical Criteria

Approach/Methods/Innovation: *Details on Commission of the Accreditation of Rehabilitation Facilities (CARF) accreditation, Standards for Performance Measurement/Management and Performance Improvement, Outcome Measurement system (with measures of efficiency, effectiveness and satisfaction), and positive CARF surveys for six*

consecutive cycles, accomplished by fewer than 1% surveyed by CARF. Supportive Employment and Customized Employment models are described, and a link provided.

Evidence of Collaboration: *No written agreements are identified. The agency is known to collaborate with Rosecrance, CCRPC Independent Service Coordination, and the local Division of Rehabilitation Services office.*

Staff Credentials: *includes educational and skill qualifications for each position, detail on roles and additional trainings.*

Resource Leveraging: *None. No Other Pay Sources, Client Fees, or Sliding Scale. Not stated is that this program uses DRS funding first for eligible persons.*

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:*

- Consider a fee for service structure for this contract, with rates similar to those of Illinois DHS-Division of Rehab Services employment services.*
- Revisions to financial forms, as noted above.*
- Agency board no longer includes a member who resides in Champaign County, required for contract.*
- PY18 audit was not delivered by the extended deadline and, when submitted, was not in compliance with contract requirements and funding guidelines. Payment is suspended until the corrections are made.*
- Consider special provision to pause payments when a reporting or other compliance deadline is not met.*

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

Draft PY2020 CCDDDB Program Summary

Agency: Champaign County Head Start/Early Head Start DDB
Program: Social-Emotional Development Svcs

PY20 CCDDDB Funding Request: \$112,004
PY20 Total Program Budget: \$112,004
Current Year Funding (PY19): \$73,605
Proposed Change in Funding - PY19 to PY20 = 52%

Priority: Comprehensive Services and Supports for Young Children

Services and People Served

Target Population: Low-income children 6 weeks to kindergarten entry age enrolled in Champaign County Head Start/Early Head Start (CCHS) who: score above the cutoff on the Ages and Stages Questionnaire Social-Emotional screening tool and/or are referred by their parent or teacher for behavioral or social-emotional developmental concerns and for whom a behavior support plan is indicated.

Scope, Location, & Frequency of Services:

Scope: CCHS provides child development, health, and family support services to income-eligible Champaign County families. The goal of services is to ensure children are developmentally and health-ready for kindergarten and families are ready to support their child in school. CCHS screens newly enrolled children for social-emotional concerns using the Ages and Stages Questionnaire Social-Emotional (ASQ-SE) screening instrument. The Social-Emotional Development Specialist (SEDS) receives referrals from teachers for children with high ASQ-SE scores. SEDS conducts an individual observation for classrooms needing support for a child with challenging behaviors or with a high ASQ-SE score. Observations help with analyzing the setting, interactions, and operations to identify additional classroom support or teacher training needs. Parents and teachers complete the Devereux Early Childhood Assessment (DECA), which measures the child's ability to use independent thought and action to meet needs, express emotions, manage behaviors in healthy ways, and promote and maintain mutual, positive connections with other children and significant adults. The SEDS analyzes the data and utilizes the findings to create support goals. With permission and support of the parents, the SEDS determines if a support plan is warranted. The support plan includes agreed-upon strategies to teach coping skills and help the child engage in the classroom environment successfully. The plan may also include a referral to a family doctor, developmental pediatrician, local agencies, early intervention, or school district for further screening or assessment. The SEDS provides ongoing reflective consultation to teaching staff who are working to support the success of children in their classroom. The SEDS provides reflective supervision to the Social Skills and Prevention Coaches who deliver ongoing positive behavior support to identified children and prevention strategies in the classroom.

Location/Frequency: The Social-Emotional Development Specialist provides services throughout program options with the support of the Social Skills and Prevention Coaches. Based on each child's individual needs, the SEDS creates plans and activities to increase their developmental skills. Depending on the families' needs, the services are provided in classrooms, homes, or community setting. Best practice is meeting where the families are.

Reviewer: Above is edited. Services largely unchanged from PY19. Includes supervision of Social Skills and Prevention Coaches and use of DECA.

Residency

Total Served	45 in PY18	30 in PY19 (first two quarters)
Champaign Set	15 (33.3%) for PY18	9 (30%) for PY19
Urbana Set	14 (31.1%) for PY18	8 (26.6%) for PY19
Rantoul	15 (33.3%) for PY18	8 (26.6%) for PY19
Mahomet	0 (0%) for PY18	0 (0%) for PY19
Other Champaign County	1 (2.2%) for PY18	5 (16.6%) for PY19

Demographics: Total Served in PY18 = 45

Age	
Ages 0-6 -----	45 (100.0%)
Race	
White -----	11 (24.4%)
Black / AA -----	27 (60%)
Asian / PI -----	2 (4.4%)
Other (incl. Native American and Bi-racial) -	5 (11.1%)
Gender	
Male -----	24 (53.3%)
Female -----	21 (45.6%)
Ethnicity	
Of Hispanic/Latinx Origin -----	4 (8.8%)
Not of Hispanic/Latinx Origin -----	41 (91.1%)

Program Performance Measures

CONSUMER ACCESS: Children are eligible for services if they score above the cut-off on the ASQ-SE screening and/or if parents or staff refer. SEDS determines eligibility through individual observation, functional behavioral assessment, and data collection from families and staff. Information is gathered by completing an individual observation, functional behavioral assessment, and parent/teacher data collection. Findings are discussed with parents and support staff and a determination is made on how to support the child. CCHS recruits throughout Champaign County at local libraries, elementary schools, door to door, grocery/convenience stores, town/village events, community agencies, and other locations. CCHS has outreach at community events such as the annual Disability Expo, Read Across America, Week of the Young Child and local school district child-find activities. CCHS shares information about the social-emotional services provided by the SEDS at parent meetings, brochures and the parent handbook. SEDS provides parent education trainings pertaining to trauma informed care, social-emotional development, and strategies to reduce challenging behaviors and increase social-emotional skills.

Of those seeking assistance or referred, 90% will receive Services/Support.

Within 14 days from referral, 95% of those referred will be assessed;

Within 14 days of assessment, 90% of those assessed will engage in services.

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

Additional Demographic Data: information about a family’s structure, income, language, education, employment, military status, marital status, and housing status such as homeowner, renter, or homeless.

CONSUMER OUTCOMES:

1. Children with behavior goals or support plans will have a reduction in frequency and duration of challenging behavior.
2. Children will demonstrate improvement in social skills related to resilience such as: Self-Regulation, Initiative, Relationship building/Friendship skills, Emotional Literacy, and Problem-Solving

1. Data on challenging behavior is collected in a variety of ways. We document antecedent-behavior-consequence, duration, frequency of behavior on behavior collection charts, behavior incident reports.

2. Pre and post resilience related social skills are assessed using the Ages and Stages Questionnaire: Social-Emotional (ASQ-SE) and the DECA-P2 and DECA I/T. The ASQ-SE and the DECA are completed by teachers and parents. Throughout the school year continuous documentation is collected by teachers in teaching strategies GOLD regarding social emotional skills and evaluated during Fall, Winter, and Spring checkpoints.

Outcome gathered from all participants: Yes.

Anticipate 130 total participants for the year.

Will collect outcome information as follows: ASQ:SE completed in fall and spring; GOLD assessments in fall, winter, spring, summer, and DECA Assessments in fall and spring.

Is there a target or benchmark level for program services? Yes. Through the GOLD Outcomes Assessment, CCHS sets a program goal that at least 90% of the Head Start children aging out of the program are developmentally, socially, emotionally and health ready for Kindergarten. CCHS anticipates that at least 85% of all enrolled children will make age-appropriate progress in social-emotional development. For children remaining in the program, CCHS sets a goal of 50% of children who receive services for the full period of engagement (9 or 12 months depending on the child’s enrollment option) will not require a continuation of services.

Estimated level of change for this outcome: Children enter classrooms at different developmental stages, skills, and areas of need, which makes estimating a rate of change difficult. Data is collected at three separate checkpoints using Teaching Strategies GOLD. These evaluations determine if skills are below, matches, or exceeds the “widely held standards” of social-emotional development. This allows us to see growth overtime for all of our students. Children, receiving social-emotional services, are evaluated for growth using the DECA Assessment. Goal is to see favorable outcomes evidenced by a reliable change in a positive direction and lower scores in the challenging behavior domain.

UTILIZATION:

Treatment Plan Clients (TPCs): 70 (new) children who receive individual observations, DECA assessments, support plans, child studies, and functional behavioral analysis.

Non-Treatment Plan Clients (NTPCs): 60 (new) children who need ASQ:SE reviews, IEP reviews, referrals for services, brief, one-time consultation, and in depth informational consultation.

Service Contacts (SCs): 700 service contacts = Social-Emotional Classroom Observations, ASQ-SE screenings of children, individual child observations, parent and/or teacher conferences to discuss concerns, functional behavior assessment interviews, Individual Success Plan meetings, positive behavior coaching, teacher mentoring, contact to support external referrals, parent support groups, and parent trainings.

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

Other: 10 = mass screening events, staff training, social-emotional information for teachers to add to parent newsletters, reflective consultation, management meetings, case management and coordination, and program development.

Reviewer: Above counts do not reflect 10 Continuing TPCs and 10 Continuing NTPCs noted on the Part 2 form. CSEs don't fit with the standard definition but seem important, especially for coordination across providers and improving the supports available.

Financial Analysis

PY20 CCDDDB Funding Request: \$112,004

PY20 Total Program Budget: \$112,004

Current Year Funding (PY19): \$73,605

Proposed Change in Funding - PY19 to PYPY = 52.2%

PY19 request was for \$73,605

PY18 request was for \$55,645 and award for \$55,645

PY17 request was for \$55,645 and award for \$55,645

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

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

CCDDDB request is for 100% of total program revenue.

Expenses: Personnel related costs (Salaries/Wages \$69,451, Payroll Taxes \$6,825, and Benefits \$4,955) are the primary expense charged to CCDDDB at 72% of \$112,004. Others are: Consumables \$1,000 (1%), General Operating \$978 (1%), Occupancy \$26,565 (24%), Conferences/Staff Development \$550 (0%), and Local Transportation \$1,680 (1%).

Reviewer: Indirect costs are included in Occupancy. This approach is approved by GATA: 45% on 85% of salaries, for benefit time and staff related overhead, is recorded under 'Occupancy' expense line. Other RPC uses 45% on 100% of salaries, per Illinois DCEO approved rate.

CCDDDB funds a portion of the Child Development Manager and one Social Emotional Development Specialist.

Total Agency Budget, Total Program Budget, and CCDDDB Budget are balanced.

Program Staff - CCDDDB Funds: 0 FTE Indirect and 1.11 FTE Direct. Total CCDDDB-funded staff = 1.11 FTEs

Total Program Staff: 0 FTE Indirect and 1.11 FTE Direct. Total Program = 1.11 FTEs

Audit Findings: PY18 audit not yet available. PY19 contract (with the CCMHB, per agreement with CCDDDB) requires an audit. If funded for PY20, this will again be required, to be included in the Champaign County audit.

CCDDDB PYPY Priorities and Decision Support Criteria

Does the plan align with one or more CCDDDB Priorities? Yes

Overarching Decision Support Criteria

114

Underserved Populations and Countywide Access: CCHS offers children and families center-based options in Champaign, Rantoul, Savoy, and Urbana. Home-based option that provides all services to families in their home and meets the needs of those in rural areas. Children enrolled in the family child care provider home collaboration, receive health, dental, education, and family services. CCHS collaborates with Courage Connection.

Inclusion, Integration and Anti-Stigma: CCHS recruits and enrolls all children who meet the eligibility requirements for the program, including children who have developmental delays and challenging behaviors. HS embraces the least restrictive environment and offers this model in the classrooms and family child care homes. Head Start annually completes ADA assessments of all facilities. HR Director and managers provide diversity and inclusion training during new staff orientation as well as an annual refresher training. Trainings aim to increase understanding of diversity and inclusion, increase awareness of own biases and perceptions and reduce them, learn skills to communicate and interact respectfully with people without biases or misperceptions, recognize and appreciate differences, experiences, perspectives, ideas, and backgrounds of co-workers and families, and learn strategies to address conflict.

Coordinated System: HopeSprings provides outpatient therapy that works with individual children and their families. Local school district Pre-K programs work with at-risk preschool age children, offering preschool education and disability services. Child and Family Connections links families to early intervention services for infants and toddlers who have developmental delays. CCHS collaborates with all of the community providers listed in this application to enhance social-emotional support services to enrolled children and families. SEDS completes referrals and seeks additional services for children identified as needing intervention. Referrals are completed when children need intensive services. CCHS has agreements with HopeSprings, five Champaign County school districts, and Child and Family Connections to decrease duplication of services, improve child find through screenings, and provide and coordinate services to children (birth through age 5 years) diagnosed with a disability.

Budget and Program Connectedness: Yes. *Budget Narrative includes sufficient detail on associated items.*

Person Centered Planning (PCP): Yes

Technical Criteria and Secondary Considerations

Approach/Methods/Innovation: CCHS utilizes several evidenced and researched based models to develop children's social and emotional development. Those used include: Center of Early Childhood Mental Health Consultation, the Illinois Association Infant Mental Health, Center on the Developing Child, Pyramid Model, and Conscious Discipline.

Reviewer: Above is edited, details and websites for evidence-based models listed above.

Evidence of Collaboration: CCHS has working agreements with HopeSprings, five Champaign County school districts, and Child and Family Connections. CCHS is in the process of creating a Memorandum of Understanding with CU Trauma and Resilience Initiative Committee to provide case coordination for children and families impacted by trauma.

Staff Credentials: SEDS has a Master's in School Counseling, Doctorate in Counselor Education and Supervision, is a nationally certified counselor and has received specialized training in restorative practices and conflict mediation, Practice Based Coaching, the Pyramid Model, and early childhood mental health services. SEDS is also a member of the CU Trauma and Resilience Initiative steering committee.

Resource Leveraging: Other Pay Sources: CCHS seeks assistance from community providers who accept Medicaid prior to using the Developmental Disabilities and Mental Health grant funds. **Client Fees:** No. **Sliding Scale:** No. **Willing to participate in DD waiver programs?** 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:

- Continue to coordinate with providers of similar services and copies of MOU once obtained.
- Fourth quarter financial reports will be used to determine whether excess revenue is to be returned.
- Revise financial forms to reflect new funding from other sources and, if relevant, to support a portion of the services proposed.
- This program is funded in PY19 by the Champaign County Mental Health Board, as recommended by the CCDDDB.

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

Recommendation: Pending



Draft PY2020 CCDDDB Program Summary

Agency: Developmental Services Center

Program: Family Development Center

PY20 CCDDDB Funding Request: \$579,148
PY20 Total Program Budget: \$770,550
Current Year Funding (PY19): \$562,280
Proposed Change in Funding - PY19 to PY20: = 3 %

Priority: Comprehensive Services and Supports for Young Children

Services and People Served

Target Population: Infants, toddlers, and young children, age birth to five years, with or at risk of developmental disabilities and their families, in Champaign County. Children, birth to age three years who reside in Champaign County are eligible to receive a developmental screening. If the screening results indicate a developmental concern, children are then referred for further evaluation. To be eligible for state-funded services, children must be under three years of age, have a 30% delay in one or more developmental areas and/or an identified qualifying disability. These same services and enhanced services for children through age five are provided with CCDDDB funds for children deemed “at-risk” but ineligible for state funding through the early intervention system. While many children are at-risk for developmental delays, waiting lists for early intervention services remain because of shortages of qualified therapists. The Family Development Program (FD) maximizes state funds to eligible children. State reimbursement for Early Intervention is limited and represents only 20% of FD’s operating budget. Local funding represents 80%, as children and families move seamlessly between funding sources for uninterrupted, comprehensive services, optimizing the child and family’s potential for success.

Scope, Location, & Frequency of Services:

Scope: FD responds to the needs of young children and their families with culturally responsive, innovative, evidence-based services that fill gaps left by insufficient state reimbursement and strict eligibility criteria. FD reaches underserved children through established collaborative relationships with urban and rural community agencies. Early detection and prompt, appropriate intervention can improve developmental outcomes for children with delays and disabilities and children living in at-risk environments. Family-centered intervention maximizes the gifts and capacities of families to provide responsive intervention within familiar routines and environments. FD services are responsive to the needs of families within this community and promote a coordinated system of care. Developmental screenings occur in a variety of community settings, primarily the home, and in collaboration with a range of community agencies that serve underrepresented populations. State funded early intervention does not fund developmental screening. Comprehensive intervention services provided are Developmental Therapy, Speech Therapy, Comprehensive Evaluation, Developmental Play Groups, Parent Support Groups, Child Care Consultation, and PLAY Project. FD promotes parent/caregiver advocacy by “meeting families where they are at” and empowering them as the decision-maker in their child’s intervention.

Location/Frequency: The home visiting model is fundamental to service provision in the natural environment and is critical in rural areas where families are often isolated from services. FD program screening occurs at child care centers, community centers, and rural public schools. Services vary from weekly to monthly based on need.

Reviewer: Scope of services unchanged from PY19. CCDDDB funds allow more children access to services.

Residency

Total Served	669 in PY2018	540 in PY2019 (first two quarters)
Champaign Set	264 (39.5%) for PY18	218 (40.4%) for PY19
Urbana Set	131 (19.6%) for PY18	120 (22.2%) for PY19
Rantoul	129 (19.3%) for PY18	88 (16.3%) for PY19
Mahomet	31 (4.6%) for PY18	27 (5%) for PY19
Other Champaign County	114 (17.0%) for PY18	87 (16.1%) for PY19

Demographics: Total Served in PY2018 = 669

Age	
Ages 0-6 -----	669 (100.0%)
Race	
White -----	419 (62.6%)
Black / AA -----	117 (17.5%)
Asian / PI -----	31 (4.6%)
Other (incl. Native American and Bi-racial) -	102 (15.2%)
Gender	
Male -----	407 (60.8%)
Female -----	262 (39.2%)
Ethnicity	
Of Hispanic/Latinx Origin -----	116 (17.3%)
Not of Hispanic/Latinx Origin -----	553 (82.7%)

Program Performance Measures

CONSUMER ACCESS: Children, birth through age 5, and their families who are Champaign County residents and have or at-risk of disabilities or a developmental delay, with service need determined by an assessment are eligible for services. Families learn about program services through collaborations with local hospitals and health clinics, child care centers, Crisis Nursery, local prevention initiative programs, and other agencies, as well as annual outreach events, such as, Read Across America, disAbility Expo, the Autism Walk, and the Buddy Walk. Additionally, Child and Family Connections makes referrals to the FD therapists. *Reviewer: Applicant provided details on eligibility for state-funded services. Outreach is good. Participates in an effective collaboration.*

Of those seeking assistance or referred 100% will receive Services/Support.

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

Within 7 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for: Children may participate for a one-time screening or for up to three years in the therapy program.

Additional Demographic Data: language spoken, primary disability, and referral source.

CONSUMER OUTCOMES:

Outcome 1: Families will identify progress in child functioning in everyday life routines, play and interactions with others.

Outcome 2: Children will progress in goals identified on their Individualized Family Service Plan (IFSP).

Assessments/Data Collection:

Outcome 1: Child functioning will be assessed in a variety of ways. First, quarterly file review will assess parent report regarding the child's functional skills, play skills, and interactions as recorded on the home visit contact note. Second, family surveys will be mailed to families when they exit the program and for continuing children, at the end of the fiscal year. Survey questions are based on evidence-based best practice as defined by the Division of Early Childhood of the Council for Exceptional Children and includes feedback on program principles of child-centered, family-focused intervention, culturally responsive interactions. Questions also include parent perception of their child's functioning in every day routines, play and interactions with others. Parent input and feedback is also sought during each home visit and incorporated in future planning.

Outcome 2: Program services are designed in collaboration with families based on initial and ongoing evaluation. Each child's Individualized Family Service Plan (IFSP) outlines goals and strategies for services as well as outcome measures. Children are evaluated using appropriate standardized tests (DENVER II, Battelle Developmental Inventory II, Infant Toddler Developmental Assessment, Preschool Language Scale, Rossetti Infant Toddler Language.

Outcome gathered from all participants? No. Fifteen files will be reviewed quarterly. Files are chosen randomly among children who received a service during that quarter.

Anticipate 655 total participants for the year.

Will collect outcome information quarterly.

Is there a target or benchmark level for program services? Yes. The program has followed a Program Evaluation Process consisting of outcomes and targets for many years. Past outcomes and results assist in establishing current targets/benchmarks.

FY19 Measure: Families will identify progress in child functioning in everyday life routines, play and interactions with others.

FY19 Target: 90%

FY19 Mid-Year Outcome: 90%

FY19 Measure: Children will make progress in goals identified by families on the IFSP.

FY19 Target: 90%

FY19 Mid-Year Outcome: 90%

Estimated level of change for each outcome: Progress for the two outcomes is defined as any level of progress as perceived by the family or proven by an assessment. For both outcomes, the quantity is 90% of those reviewed.

Reviewer: Consumer Outcomes relate to children's progress toward success, as identified by families and team members. Are outcomes collected from all participants and only 15 are reviewed or is the program only collecting outcomes from 2% of those served? Program is proposing to serve fewer clients in FY20 than served in FY18 yet requests a 3% increase in funding.

UTILIZATION:

Treatment Plan Clients (TPCs): 655 children receiving FD program services, living in Champaign County.

Non-Treatment Plan Clients (NTPCs): 0 n/a

Service Contacts (SCs): 200 developmental screenings conducted by the screening coordinator. The screening coordinator continually builds new and maintains ongoing relationships with agencies serving underrepresented groups, including the Rantoul Multicultural Community Center, the Champaign Urbana Public Health District, DCFS, the Center for Youth and Family Solutions Intact Families program, Illinois State Board of Education Prevention Initiative Programs, and others. While the screening coordinator may screen children at a large resource event, most developmental screenings are conducted in the child's home with the parent present.

Community Service Events (CSEs): 300 Community Service Events provide opportunities to increase awareness of the importance of early identification and early intervention, reduce stigma, and promote community-based solutions. The FD program regularly participates in the Down Syndrome Network Buddy Walk, the DisAbility Expo, Read Across America, Ready Set Grow, Latino Partnership Events, and the CUPHD fair. In addition, consultation to child-care centers and preschools for children enrolled in FD program services continues. FD staff participates in community groups including the Birth-to-3 council, Infant Mental Health Learning Group, Home-Visiting Task Force, and the Kindergarten Readiness group.

Other: 0 - n/a

Reviewer: Hours of service are reported as claims in online reporting system.

Financial Analysis

PY20 CCDDDB Funding Request: \$579,148

PY20 Total Program Budget: \$770,550

Current Year Funding (PY19): \$562,280

Proposed Change in Funding - PY19 to PY20 = 3.0%

PY19 request was for \$562,280

PY18 request was for \$579,150 and award \$562,280

PY17 request was for \$562,280 and award \$562,280

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

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

CCDDDB/CCMHB request is for 75% of total program revenue. Other revenue is from CC United Way Allocation \$47,500 (6%), DHS FFS Training \$3,788 (<1%), Program Service Fees – Early Intervention \$140,000 (18%), and Other Program Service Fees \$114 (<0%).

Expenses: Personnel related costs (Salaries/Wages \$386,824, Payroll Taxes \$35,126, and Benefits \$47,663) are the primary expense charged to CCDDDB at 81% of \$579,148. Other expenses are: Professional Fees/Consultants \$1,861 (0%), Consumables \$4,685 (1%), General Operating \$7,518 (1%), Occupancy \$32,509 (6%), Conferences/Staff Development \$2,535 (0%), Local Transportation \$17,862 (3%), Equipment Purchases \$290 (0%), Lease/Rental \$31,622 (5%), Membership Dues \$2,328 (0%), and Miscellaneous \$8,325 (1%).

Total Agency Budget has a deficit of \$547,744, Total Program a deficit of \$7,902, and CCDDDB Budget is balanced.

Reviewer: Agency should seek more diversified funding for these services. How can the agency continue to operate at such a high deficit?

Program Staff - CCDDDB Funds: 1.54 FTE Indirect and 6.86 FTE Direct. Total CCDDDB = 8.40 FTEs.

Total Program Staff: 2.13 FTE Indirect and 9.15 FTE Direct. Total Program = 11.28 FTEs.

Reviewer: CCDDDB funds a portion of four Child Development Specialists, a portion of the office manager, a portion of the Training Coordinator, a portion of a Speech Language Pathologist, a portion of the Vice President, a portion of a Screening Coordinator, a portion of the Child Development Therapist, and a portion of two Program Directors. Per indirect cost allocation, very small portions of 21 indirect staff are also assigned to this contract (this is an acceptable and common strategy, though somewhat confusing in the Personnel form.)

Audit Findings: *Audit is in compliance. PY19 contract requires audit by Independent CPA firm. If funded, PY20 will also require an audit.*

CCDDDB PY20 Priorities and Decision Support Criteria

Does the plan align with one or more CCDDDB Priorities? Yes

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: Families in rural Champaign County constitute 42% of the total population. CCDDDB funds allow enhanced access to rural populations, with regular ongoing services in 30 different towns and villages. Program screenings occur in homes (natural environment), child care centers, and community centers. Therapies occur in the child's home. Group services may be held at homes, local daycare centers, and churches. Program collaborates with rural public schools, child care centers, churches, food pantries, and health centers to link families to services and fill gaps in services due to limited state funding. Outreach efforts and collaboration builds access for children from underrepresented groups. *Reviewer: Good details provided on Underserved/ Countywide access, staff travel to people in their preferred settings county-wide.*

Inclusion, Integration and Anti-Stigma: Once engaged in the program, families shape decisions regarding the resulting goals and services, including the intensity, duration, and location of services. Access to culturally responsive services begins by building relationships with each family that honors diverse customs, viewpoints, and languages as assets. Cultural competence is a process of communication between families and providers with a goal of building cultural reciprocity – understanding and open-mindedness regarding diversity. Process is embedded within the initial referral process and assessment through intervention planning and implementation. Children may participate for a one-time screening or for up to three years in the therapy program, depending on the age of child at entry. Natural supports and strengths are maximized by coaching parents and caregivers in intervention strategies and by including extended family, medical and faith-based community resources, and peer groups.

Coordinated System: No services similar to developmental therapy services and Play Project in Champaign County. Limited private speech therapy options which a family would have to pay for through insurance if covered or out of pocket. The Place for Children with Autism, a new program in the area, provides similar services, but they are not the same since they take an Allied Behavior Analysis (ABA) approach. We coordinate our services with The Place for Children with Autism, consult with them, share information/resources and plan together for the children we both serve. Program Director participates in Cradle to Career to further collaborate with community partners.

Budget and Program Connectedness: Yes. *Budget Narrative provides adequate detail on associated items and indirect cost allocation. As with most other applications from DSC, proposes a 3% salary increase, 10% increase in health insurance cost, staff shortage/hiring crisis; audit cost is not mentioned.*

Person Centered Planning (PCP): Yes

Technical Criteria and Secondary Considerations

Approach/Methods/Innovation: The Play (Play and Language for Autistic Youngsters) Project is an evidence-based autism intervention devoted to helping parents develop a better connection with their child through play, and helping the child improve. *Reviewer: application also offered details on The PLAY Project, including website, and on the benefits of EI programs.*

Evidence of Collaboration: Yes, DSN, CFC, Multicultural Center Migrant/Seasonal Head Start, PLAY Project License, and Unitarian Universalist Church in Urbana for playgroups.

Staff Credentials: Staff include developmental therapists, a speech therapist and a developmental screening coordinator. Staff qualifications include five with Master's degrees and one with a Bachelor's degree in relevant educational fields; five are licensed and credentialed by the State of Illinois early intervention program, three developmental therapists are currently trained and certified to provide the PLAY Project, one is a certified evaluator and trainer in the DENVER Developmental training tool.

Resource Leveraging: Other Pay sources: None. **Client Fees:** No. **Sliding Scale:** No. **Willing to participate in DD waiver programs?** 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:

- *Timely reporting of personnel changes*
- *Continued collaboration with other providers of children's services.*
- *This program is funded for PY19 by the Champaign County Mental Health Board on the recommendation of the CCDDDB.*

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

Recommendation: Pending