



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

Wednesday, May 15, 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:
 - A. Review Responses to Board Questions on PY20 Applications (**pages 2-69**)
Included for the Board's consideration are agency's responses to questions posed by the Board during review of PY20 applications at the April 17 and 24, 2019 meetings. Also included a few corrections to program summaries.
 - B. DRAFT PY20 Funding Recommendations Discussion (**pages 70-98**)
Draft Decision Memorandum presenting Staff Funding Recommendations for PY20 Allocation Cycle is included in the Board packet for discussion only.
 - C. Contract Amendment Briefing Memoranda
 1. Courage Connection Contract (**pages 99-102**)
Briefing Memorandum on Courage Connection amendment request to redirect excess revenue accrued from unfilled staff positions.
 2. Rosecrance Criminal Justice Contract (**page 103**)
Briefing Memorandum on amending Rosecrance Criminal Justice contract to capture excess revenue from unfilled position.
7. Board Announcements
8. Adjournment

6.A

CCMHB AGENCY PROGRAM SUMMARY PY2020 QUESTIONS (April 17, 2019)

CCRPC - Community Services Justice Diversion Program

1. *Why the drastic reduction of NTPCs served in PY19 compared to PY18?*

The definition of NTPC changed from PY18 to FY19. In PY18, NTPC was reflecting the number of individuals and families referred for services with whom there were attempts to engage them in services. In PY19, NTPC was changed to capture individuals and families with whom the program engaged and resolved the crisis during the initial contact.

PY18 NTPC definition from grant application: individuals and families who have had Crisis Intervention Team (CIT) or domestic offense police contact, whether initiated by the family or due to a police response, which the Justice Diversion Program attempts to engage in program services.

PY19 NTPC definition from grant application: individuals and families who have had Crisis Intervention Team (CIT) or domestic offense police contact, whether initiated by the family or due to a police response, where crisis is resolved during initial contact.

2. *Justify the increase requested in light of CSBG funds not allocated to program?*

The increase requested is reflective of RPC's ability to seek full coverage of the program's costs in FY20 as the CCMHB is now recognizing federally approved indirect cost plans. Previously, the only manner to provide the Justice Diversion Program was through supplementation with Community Service Block Grant (CSBG) funding. The eligibility factors for participants supported with CSBG funding is not consistent with the eligibility factors for the JDP program. For example, CSBG funded participants must meet income eligibility guidelines.

3. *Is there another source of funding, as good faith participation?*

There is not another identified source of funding at this time.

4. *How many of those served, access services and what are the outcomes?*

Of the 30 TPC clients served to date in FY19, 20 were able to access services, 2 remain on a waitlist for services, and 17 were unable to access services. The reasons that the persons were unable to access services include lack of transportation, schedule conflicts, long wait lists, and high co-pays. Outcomes of services have included stabilization of behavioral health symptoms, preventing the need for crisis intervention

or police involvement and improved family dynamics through parental support for parents of adolescents with behavioral issues.

CCRPC - Community Services Youth Assessment Center

1. How will you increase engagement with schools?

Currently, Youth Assessment Center (YAC) staff are present in Champaign and Urbana middle and high schools on a weekly basis, working with students and school staff. The Youth Assessment Center has worked with Champaign and Urbana school districts to establish operations agreements. An agreement has been executed with the Champaign school district and the agreement with Urbana school district should be completed before the end of the program year. The Operations Agreements support the coordination of linkage and referral support services for youth referred from schools to the Youth Assessment Center. To increase engagement with schools, YAC staff would conduct presentations for school administrative staff to highlight the services available. Current use of this engagement strategy with Champaign Unit #4 has resulted in YAC/School staff weekly meetings and development of linkage/support service plans for students referred by the schools.

2. How will you increase rural engagement?

The Youth Assessment Center will maintain a positive working relationship with the Champaign County Sheriff's office to support referrals of rural youth to the Youth Assessment Center. YAC staff will continue outreach efforts to the middle schools and high schools through the county to make sure that the rural school districts are aware of the YAC services and referral process and explore implementation of operations agreements with the rural school districts. YAC staff traveling to meet youth and families in their local communities when families do not have transportation also supports increased rural engagement.

3. What can be done to work with youth prior to police contact, in order to reduce that contact?

Collaborating with area schools, community organizations and families in order to educate them on the role of the Youth Assessment Center and how its linkage/support services can be utilized to help offset many of the maladaptive behaviors issues that can lead youth to police contact.

4. How often are youth successfully connected to services?

50%

5. *Are fees to accessing the referred service a barrier for referred youth?*

No. The majority of the linkage/support services that the YAC utilizes are free to the youth and families served. Fees for recreational programming through local park districts may sometimes present barriers, however efforts to address potential barriers to participation are underway.

6. *How many youth have repeat contact with police?*

From July 2017 through June 2018 (FY18), there were 177 unduplicated youth referred to the Youth Assessment Center that had more than one contact with police.

From July 2018-March 2019 (FY19 to date), there have been 107 unduplicated youth referred to the Youth Assessment Center that had more than one contact with police.

CCRPC - Community Services Homeless Services System Coordination

1. *What will the CSPH MOUs members complete say about this paid position and responsibilities?*

The Council of Service Providers to the Homeless (CSPH) membership supports the proposed position and the responsibilities of the position. On January 8, 2019, the proposal for a full-time staff person to support coordination of the CSPH, including the position responsibilities as outlined in the CCMHB grant application, was presented to the CSPH membership. The membership supported efforts to pursue a full-time position. This is reflected in the CSPH board meeting minutes for January 8, 2019 (<https://ccrpc.org/committees/continuum-of-care/meetings/continuum-of-care-board-meeting-2/#files>).

2. *Do the Continuum and homeless service provider agencies also support the Housing First philosophy, and how will that be demonstrated? If not supported, what is the preferred approach?*

The Housing First philosophy is supported by the Continuum and the membership provider agencies. All Continuum funded permanent supportive housing (PSH) projects utilize a Housing First approach; this is reflected in 100% of the PSH project applications. Additionally, all of the PSH projects of IL-503 Continuum use the Coordinated Entry system to fill project vacancies. Use of the Coordinated Entry System to fill project vacancies demonstrates support of the Housing First philosophy.

3. *What level of coordination already exists within the CSPH?*

Currently, client-specific coordination is managed between direct level staff working with clients using releases of information and consultation and planning amongst agency staff.

System-wide CSPH coordination, for which the proposed position would focus, is primarily managed by the CSPH Executive Committee that volunteer approximately 3 hours each month. This time is primarily spent addressing Department of Housing Urban Development (HUD) mandated activities. A paid position of approximately a .15FTE is currently funded to support coordination efforts.

With regard to the "level of coordination," if one were to use application of the Transtheoretical Model to reflect the level of coordination, the CSPH coordination level would parallel the "Preparation" stage. On a scale of 1-5, one being very low coordination and 5 being very high coordination, the level of CSPH coordination would be between 2 and 3.

Champaign County Health Care Consumers Justice Involved CHW Services & Benefits

1. *How will you transition these services from Rosecrance subcontract to direct contract?*

Explanation of services: The services provided are "benefits enrollment" services provided by a CCHCC Community Health Worker (CHW). Benefits enrollment services include enrollment in health insurance, food stamps, SafeLink phones, and many other benefits and services. The CHW is a federally certified application counselor who is trained and certified to enroll individuals in the Affordable Care Act's expanded Medicaid program and in Marketplace plans. The CHW is also able to enroll individuals in other forms of health insurance such as Medicare, Medicare Part D, All Kids, etc., and is able to help individuals qualify for other financial assistance programs such as Medicare Extra Help, Medicare Savings, and Promise Healthcare and hospital/clinic financial assistance programs.

Answer: There will not be a need to "transition" these services. CCHCC will continue to provide these services as we have been for the past several years. Previously (and currently), Rosecrance (and formerly Community Elements) contracted with CCHCC for us to provide these services in the jail and to this population, under their CCMHB grant.

Under the subcontract with Rosecrance, CCHCC provides reports to Rosecrance. The data from our reports are added to Rosecrance's reporting to the CCMHB. Also, CCHCC invoices Rosecrance for payment for the subcontract.

The only transition that will be needed with a direct contract will be administrative: CCHCC will provide reports directly to the CCMHB, and will receive payment directly from the CCMHB, rather than through Rosecrance.

From a service perspective, there would be no interruption, and no change. There would be absolute continuity since we are the organization that has been providing the benefits enrollment services all along, and we would provide the same staff member (Chris Garcia) in the Jail.

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2. *Is there any duplication with the other proposed program from CCHCC?*

The services in both CCHCC programs are the same, but the populations and the locations where services are provided are different between the two proposed programs. In the proposal for the Justice Involved program, CCHCC has a Community Health Worker (CHW) placed directly in the Jail, who receives direct referrals from Rosecrance, and who works closely with the Jail and its staff. The CHW works in the Jail several days a week, making linkages with clients while they are in the Jail. The CHW who works in the Jail, also works with these clients outside of the Jail, because most people who are in the Jail are not there for very long, and there needs to be continuity between services that are begun in the Jail, to follow the person once they are release from the Jail.

Although the services in the proposed programs are the same, the populations and their needs are different. Justice-involved individuals have different needs and challenges than the more general population.

Being able to provide the services in the Jail, to the Justice Involved population, is programmatically different – this arrangement for the provision of services depends upon the arrangements we have made with Rosecrance and the Champaign County Sheriff's Office for CCHCC to be located at the Jail and to receive referrals appropriate under this funding stream.

If the CCMHB would prefer to combine the two programs, CCHCC would be amenable to that. However, we applied for the programs separately because of the separate CCMHB categories.

3. *How will the agency address the MHB staff comments on financials? Deficit? Underestimated expenses?*

I would like to apologize for the issues regarding the financials. I was very sick at the time that I was writing the proposals, and I erred on the financials. I underestimated the expenses. Because CCHCC is new to applying for CCMHB funding, I am uncertain of the process for how to address the issues in the financials, and I would welcome guidance on that.

4. *Where do the funds for prescription medication assistance come from, and are they available to anyone?*

Explanation of Rx Fund: CCHCC has operated our Rx Fund for several years. The specific reason for which we started this program was because most community-based prescription assistance programs (like those operated by a few churches) have

limitations on what kinds of medications they will help with, including frequently excluding psych medications. So, CCHCC created the Rx Fund so that clients could get their legally prescribed medications – whether they be blood pressure medication, psych medications, or any other medication.

The Rx Fund helps cover the cost of prescriptions for people who could otherwise not afford their prescriptions – either because they simply cannot afford the cost of the co-pays, or because their insurance has lapsed and they have to pay the full cost for their prescriptions.

Where the funds come from: The funds for the Rx Fund come from CCHCC's fundraising efforts. We have solicited and received small grants from churches, and we also dedicate some of our grassroots fundraising efforts to the Rx Fund, including our Annual Raffle, and an occasional Direct Mail.

In addition to the fundraising that we do for this program, we also recoup some of the funds that we spend on prescriptions, depending on the client's situation. For example, we have some clients whose Medicaid has lapsed for one reason or another. We help them purchase their prescriptions through our Rx Fund, but then, when we are able to get their Medicaid reinstated, we work with CompleteCare Pharmacy to have the pharmacy back-bill Medicaid for the cost of the prescriptions (Medicaid has a 90-day "lookback" period, where they will pay for services for up to 90 days prior to the Medicaid approval). The pharmacy then reimburses CCHCC for the cost of the prescriptions.

One of the conditions for participation in our Rx Fund is that, if the client is uninsured, but insurable, they need to work with us to get their health insurance. This creates great incentive for clients to get their health insurance coverage set up or reinstated, and it makes it less likely that the client will need to depend upon the Rx Fund on an ongoing basis.

Is the Rx Fund available to anyone: The Rx Fund is available to anyone who qualifies based on need (low-income) and willingness to apply for health insurance (if they do not have coverage, but are insurable).

In fact, CCHCC has been providing Rx Fund services to the Justice Involved clients whom we have been serving through the CCMHB subcontract with Rosecrance. However, our organization has subsidized those services because the funding for Rx Fund for this population was not included in the subcontract with Rosecrance.

Under this proposal, we have estimated the cost of the Rx Fund for the Justice Involved population at \$720, but we are asking CCMHB for only \$120 toward the Rx Fund. The reason we are asking for \$120 rather than the full estimated \$720 is because of our

ability to recoup some of the Rx Fund expenses once clients qualify for Medicaid and we get reimbursed by the pharmacy.

Through our internal accounting and record keeping, we have the ability to track the Rx Fund expenses for the Justice Involved clients.

5. *Where do staff get the referenced training to be certified? And are other agencies not able to perform these services if not certified?*

CCHCC staff are federally Certified Application Counselors (CACs) who are qualified by the federal government and the State of Illinois to enroll clients in the Affordable Care Act's expanded Medicaid and Marketplace plans.

The training is through the federal government (HHS), and we also have occasional training through the State of Illinois. The training takes place primarily online, through coursework and tests. Staff have to pass the online tests annually. There is ongoing training throughout the year through webinars and phone calls.

Other agencies could perform similar services if not certified, but they could not work with their clients in the same way if they are not certified – they could not submit information and documents on behalf of the clients, and they could not troubleshoot for the clients if there were issues. They also would not be able to retain clients records. It is inadvisable for agencies to try to provide such services without the federal certification – the training and certifications are important. There is also greater accountability with certification.

Helping people apply for health insurance made available under the Affordable Care Act is a specialized service and requires ongoing training and experience. Federal guidelines change frequently, and without certification, agency staff are unlikely to be able to keep up with the changes.

In addition, many individuals and families have complicated situations, for the purposes of applying for health insurance made available by the Affordable Care Act – for example, there might be complicated immigration status issues, or individuals may be self-employed and determining their income and what they qualify for, can be challenging.

Besides being federally certified for helping individuals and families apply for health insurance made available under Affordable Care Act, CCHCC's Community Health Workers (CHWs) are also certified KidCare Application agents, and knowledgeable and experienced with Medicare and Medicare programs, including Medicare Part D, Extra Help, and Medicare Savings.



Our CHWs have the breadth of training and experience to help individuals and families apply and qualify for health insurance for the whole range of coverage at different stages of life.

6. *Does staff have a presence at the Rosecrance Walnut location?*

CCHCC does not currently have a regular presence at the Rosecrance Walnut location. However, we are open to this, if we have the capacity to do so.

The important thing to understand about applying someone for health insurance is that the client must be prepared to do the application – they must have the proper ID and documents (tax returns, pay stubs, etc.) to complete the application.

So, having a CCHCC Community Health Worker posted at a particular location can be helpful for making the referral to CCHCC for this service, and for beginning an application, or looking someone up in the “Medi” system to see if they have Medicaid and/or SNAP (food stamps). However, frequently, another appointment is needed in order for the client to come in and provide their documents for the application. In order for CCHCC to be able to complete the entire application process in a particular location that is not our office, we need our laptop, and we need access to a copier, scanner, fax machine, and secure internet. All documents are filed at our office however, under strict guidelines for protecting people’s personal health and financial information.

So, for purposes of outreach and linkage, we can be in multiple locations, but just being at a particular location and linking up with a new client does not guarantee that the health insurance application can be completed on the spot.

Champaign County Health Care Consumers CHW Outreach and Benefit Enrollment

1. *Were these services provided through a grant to Promise Healthcare previously?*

Some services may have been provided through a grant to Promise Healthcare previously. However, while there may be some overlap, in that both organizations provide health insurance enrollment under the Affordable Care Act, the range of services that CCHCC’s Community Health Workers are able to provide would not be the same as Promise Healthcare – CCHCC’s services are much broader and more diverse, reflecting the nature of our organization. Our goal is to be a “one stop shop” for all benefits enrollment services that help improve health and make health care affordable and accessible to individuals and families – whether this be enrollment in health insurance, food stamps, access to a free phone, prescriptions, hospital financial assistance, Promise Healthcare sliding scale application, and/or energy assistance.

All of CCHCC’s Community Health Workers (CHWs) are and have always been bi-lingual in English and Spanish, and have been doing benefit enrollment services for many years.

Our benefit enrollment services are not limited to the insurance programs available under the Affordable Care Act (expanded Medicaid and Marketplace). We have the capability to apply people for All Kids, KidCare, Medicare and Medicare-related programs.

In addition, we can help people apply for SNAP (food stamps), SafeLink phones, vision and dental programs, hospital financial assistance, Promise Healthcare sliding scale, LIHEAP (energy assistance), etc.

We also have the ability to work with people who have complicated situations – immigration status or self-employed or seasonal work status.

Our Rx Fund covers all kinds of medications, whereas the 340B Program at health care providers is limited to certain medications. However, we work with health care providers to assist our clients through the 340B Programs when appropriate.

We are also mobile in our services – we regularly go to Rantoul where we have “office hours” at the Community Service Center, and we go to the Daily Bread and other locations on a regular basis.

We also hold outreach and education events and meetings, where we provide presentations to community members and to other organizations on health insurance, open enrollment, Medicaid Managed Care, etc. Our services are designed to be accessed by anyone who needs them.

We are not a health care provider who has to prioritize our patients for these services – we are open to all in the community.

Certified Application Counselor services are provided at Promise Healthcare, and these services are very much needed.

There is more need in our community for these services than any single organization can provide.

CCHCC was the first organization in our community to start providing these services, but, like Promise Healthcare, we do not have the capacity to serve everyone who could benefit from these services. Supporting both organizations would not be a conflict, is not a competition, or a redundancy. There is plenty of need to be met, and people need multiple places where they can access these services.

Our application to provide these and other services is not a duplication of what Promise Healthcare provides. But we want to emphasize that in addition to the health insurance enrollment services, CCHCC’s Community Health Workers provide a broader array of benefits enrollment services in order to help improve the health and health care access of our community members. This range of services has been developed over many years

of working with clients, identifying needs, and creating the services and resources to meet those needs. Clients often have very complicated needs that intersect and overlap, and wherever possible, it is important to minimize the “run around” that many clients face in getting their needs met, and it is important to provide benefits case management to make sure that clients are getting their needs met, qualifying for what’s available to them, and maintaining their enrollment status, which fluctuates throughout the year and which must be renewed annually.

Ideally, a community of our size would have multiple entities providing health insurance enrollment services.

Family Service of Champaign County Counseling

1. *Do these services overlap with the other Rosecrance Specialty Court program?*
2. *How are services coordinated with other providers?*

The Family Service Counseling program is one of several entities that comprise the Champaign County Drug Court Problem-Solving Team. The Team meets weekly to review potential Drug Court applicant requests and consider those who are most appropriate based on a validated risk and needs assessment approved by the Champaign County Drug Court. The Team has an established protocol for accepting individuals into Drug Court with specific acceptance criteria. The Team also reviews at its weekly meetings the progress being made by the current Drug Court participants. The Champaign County Drug Court Problem-Solving Team includes:

- Judge Ford
- The Drug Court Coordinator
- Probation representative
- Rosecrance representative– Mental Health Assessment; Case Management; Substance Abuse counselors (2)
- State’s Attorney representative
- Defense Counsel/Public Defender representative
- Deputy Sheriff
- Family Service Counseling program representative

The Team discusses, identifies and decides the treatment needs of each Drug Court client and his/her family based on their activities and actions from the prior week. Drug testing results are reviewed as well as reports regarding the following: attendance and participation in various group programs; case management updates; residential placement updates; counseling progress (substance abuse, individual and family); and setbacks and/or successes.

There is no overlap in the services provided to Drug Court Clients by Family Service and Rosecrance. Rosecrance conducts the mental health assessment and provides case management and substance abuse treatment for the individual Drug Court client. Family



Service is available to provide counseling services, when recommended, to the Drug Court client and, in some cases, the client's family members (i.e. spouse, partner, parents or children) regarding secondary issues that may be related to substance abuse. Our clinical focus is on the Drug Court client's relationships that are being impacted by substance abuse, especially parent/child and marital/partner relationships. The Family Service therapists conduct a relationship assessment with each Drug Court client prior to their Drug Court graduation and offer follow-up counseling as appropriate (participation in the follow-up counseling is voluntary). Family Service therapists are also available to provide individual counseling services to Drug Court clients at any time during their participation in the Drug Court program to address issues such as grief, anger management, and trauma when those issues are beyond the scope of drug treatment. When providing treatment to Drug Court clients, Family Service therapists provide reports to the Judge, the Drug Court Coordinator and the identified Rosecrance Substance Abuse counselor. These reports and the discussions at the Team meetings insure coordination of services.

FirstFollowers Peer Mentoring for Re-Entry

1. *Who represents the 180 NTPC—are these individuals who use the drop-in center, who have been assessed? Are they on a waiting list or referred to other services? How many hours is the drop in center open? Have hours been reduced or increased?*

NTPC are those who use the drop-in center and go through an assessment process when they come in. There is no waiting list. Many are referred to other services or to employers. The drop-in center is open 12 hours a week. We spend four hours on Tuesdays and Thursdays doing intake and service, then four hours on Wednesdays performing administrative tasks, attending meetings, conducting personnel training, and seeing those who cannot make the regular drop-in center hours. We plan to include a third day of direct services at Cunningham Township in 2019-20. We also see a number of clients who cannot make the drop-in hours at times that fit in with their schedule.

2. *Will the Drop-in Center hours be increased in order to serve the higher number targeted?*

We will expand as noted above by operating from Cunningham Township one day per week. We will expand our hours through flexi-time and adding hours to our drop-in center coordinator and director to make them accessible at other times.

3. *Why is the family support program moving toward larger and fewer meetings?*

Our original plan was to run regular groups for those impacted by incarceration. We found regular attendance for this difficult to sustain. However, we have had great success organizing public events on a number of issues involving policy and programming. With the rise in gun violence, we have decided to collaborate with cities of Champaign and Urbana and their CU-Fresh Start initiative. We also plan to be more involved with county authorities to educate the community and bring more awareness surrounding trauma and the available services. We have primed ourselves this year by

conducting two workshops for staff and mentors on trauma-informed care. We have also added a family component to our GoMAD course in hopes of broadening our reach in the community.

4. *Why the shift to social media for anti-stigma messaging?*

We will continue to do both meetings and social media. However, we are now doing much more targeted meetings with employers who have an interest in our program participants. For the first two years, we did outreach to employers operating from contact lists and data on employers in Champaign County. While this educated many employers about the benefits of employing formerly incarcerated people, it has not yielded many jobs. Instead, we are adopting a more focused approach. Since we are focusing our job training in the GoMAD course on construction skills, we have been reaching out to employers in that sector and holding meetings with organizations and initiatives that fit in with our program goals. Hence, we have collaborated with the city of Champaign and its Champaign Diversity Advancement Program (CDAP), which targets underserved minorities in regards to employment and entrepreneurship opportunities. We have been actively involved with the hiring process for Champaign's Bristol Place construction project. We also have plans to partner with Housing Authority of Champaign County and its future construction plans. We have also assisted many individuals using the drop-in center to apply for employment at the University of Illinois. We will continue these partnerships and services in 2019-20. In addition to social media we will also continue the educational events we have been holding on campus and in the community as a vehicle to reach concerned community members who might have connections to employment.

5. *How does the proposed increase in staffing interface with reductions in anti-stigma efforts with employers (moving to social media from face to face) and family supports (moving from 24/yr to 3 events)?*

We are not reducing efforts in either area but rather, changing our approach in order to target receptive audiences more effectively. As noted above, we are not reducing anti-stigma efforts but rather restructuring how we approach these efforts. This does not so much amount to an increase in staffing but rather embodies moving toward having more people employed on a regular basis rather than simply on contracts. Essentially, even the paid volunteers and mentors at FirstFollowers have been contributing many hours of unpaid labor. We are trying to reduce the use of that approach as we try to build a more sustainable organization.

6. *To what extent have graduates from this program succeeded in finding employment following completion of the employment training program?*

Ten individuals enrolled in our first cohort of and eight individuals completed the course successfully. Of the eight, five are currently employed and one is in college. We had one who enrolled and completed his Commercial Drivers' License and is now a full-time commercial driver. Another was employed by one of the leading concrete contractors in the area and he now assists the new GoMAD cohort in building construction. Two are employed at a local restaurant while one is working towards his high school diploma. We have one scholar enrolled at a state community College. Once scholar is working as a delivery driver since he was able to earn enough money from his GoMAD participation to purchase a car.

7. *How many employers will be contacted as part of the anti-stigma education?*

Our goal is to reach as many employers as possible using our targeted approach. Since we serve as a vendor for the city of Champaign and a contractor for HACC we plan to use these networks to inform any employers in their networks to pitch our program and services. Currently we oversee Champaign's Minority and Women owned businesses data base. We have a scheduled meeting with HACC to discuss building construction and soft skill development training for HACC residents so that they can be employed by HACC and partnering business. We hope to create a pathway to employment using this approach for our constituents as well.

8. *How many people will be served through the new housing initiative, and how will they access it?*

We are still finalizing the contract with the Housing Authority. This start date was delayed because the HACC's annual plan had to be approved by HUD in Washington DC and the government shutdown delayed that process. To date, we have not been officially told which houses we will have. We anticipate ultimately serving 10-12 people in our houses. Residents will be drawn first through the Illinois Department of Corrections list of individuals who are being released to Champaign County and have a need for housing. In addition, we will advertise through our networks, particularly with local social service agencies such as the Salvation Army and the Cunningham Township who serve a large number of individuals who have a history of criminal justice system involvement and housing instability.

9. *Differentiate between mentors, volunteers, and paid staff?*

In 2019 we will have two paid permanent staff-a Coordinator and the Peer Mentor Coordinator. We will have one contract staff member and one unpaid staff member (he has alternative income source). Mentors are generally volunteers but some are paid for specific duties depending on their availability and skill set. For example, one of our mentors works full-time but assists in doing intake at the drop-in center and receives a minimal hourly wage for that work. But many other mentors do organizing and speaking on behalf of the organizations with no remuneration whatsoever. In addition, we have

volunteers who support our project but are not peer mentors. They assist us with facilitating workshops, planning fundraising, designing of marketing materials, logistics for events, and various other tasks in which they have an interest.

10. *Where are you in the hiring process for the two new positions?*

We have hired the director as of April 1 and plan to hire the drop-in center coordinator as of May 1.

GROW in Illinois Peer-Support

NOTABLE EVENTS FY19

The GROW In Illinois peer-to-peer counseling program in Champaign County consists of two part-time persons only one of whom is paid with CCMHB funds, the other is unpaid. Unfortunately, a family emergency for one staffer and a disabling injury to the other staffer occurred in December 2018 through January 2019 which caused difficulty with meeting the groups during that interval.

REVISION TO APPLICATION. *GROW In America acquired a computer and software for use by GROW in Illinois consequently we will not need \$800 budgeted for that purpose.*

1. *What is the Hospital Orientation group?*

The Hospital Orientation group is the OSF Heart of Mary hospital which has a psychiatric facility. GROW conducted orientation [introduction to the GROW program] at the OSF hospital however, a traumatic event in our Fieldworkers' life took place in December 2017, and she reluctantly put this Orientation group into Recess. Starting FY19 we have been diligently been trying to restart this group.

2. *For what time period has the field worker (Ms. Karen Shan) been full time? Was she the part-time staff in 2019? Does she have Certified Recovery Support Specialist Certification? If not yet, when? Who provides certification?*

- a) Ms. Shan has been a GROW secretary and fieldworker for 14 years. As a fieldworker, she has received training, supervised and trained GROW group Organizers and Recorders throughout Illinois, and participated in the training of GROW fieldworkers. Ms. Shan has been supported only partly (<50%) through funding from CCMHB. Additional funding has been provided by GROW In America and GROW In New Jersey. She has also donated additional time, about 50%, to GROW. We are greatly indebted for her generous, capable help.
- b) Ms. Shan and three other GROWers are undergoing training for Certified Recovery Support Specialist (CRSS) certification through the Illinois Department of Human Services/Division of Mental Health. The training will continue through the summer of 2019. She and other GROWers are expected to take exams and participate in continuing education as well as internal GROW leadership training through the year to establish and maintain CRSS certification.

- c) CRSS certification is through the Illinois Certification Board, 401 E Sangamon Ave., Springfield, IL 62702. The CRSS certification training is conducted by State of Illinois Division of Mental Health, Dept. of Human Services, staff. GROW members have participated in the initial training and signed up for three training sessions to be conducted through the summer (June-August). We will arrange to take the examinations after the training and participate in continuing education (CEUs) to maintain certification.
3. *For each of the 3 groups, what is typical number attending? Notes range of 3-15. Is an average available? It looks like the numbers may have gone down in 2019 with first half year data at 21 served? What increase was seen in second half of year?*

Average number per meetings by all three groups together:

July 2019 thru March 2019 there has been 91 group meetings with 379 Overall participation in GROW groups has an average attendance of 4.2 per group.

Break down per group:

Champaign group has met: 28 times with 105 over all participation. Average per group: 2.5

-Attendance has picked up in February, March and April.

Rantoul group has met: 37 times with 170 overall participation. Average per group: 4.6 -

Attendance has picked up in February, March and April.

Champaign County Satellite Jail (CCSJ) group has met: 26 times with 104 over all participation.

Average per group: 4 -Attendance was down in September, December, and January.

Attendance is picking up in February, March and April.

** Owing to illness, and a disabling injury, there was a temporary lack of available fieldworkers for two months. Consequently, a couple of meetings which had to be cancelled. This partially accounts for reduced attendance. However, where possible, we filled in with telephone calls during the week.

3B) *It looks like the numbers may have gone down in 2019 with first half year data at 21 served? What increase was seen in second half of year?*

14 continuing clients from start of the year.

6 new clients in First Quarter

2 new clients in Second Quarter

12 new clients in Third Quarter

Attendance at GROW meetings varies including at the Champaign County Satellite Jail. The Rantoul group has grown to two small groups. See note for 3A.

4. *Could you clarify the statement that 50/100 clients served in groups last year?*

- a. Our number of continuing members from FY17 that started FY18, was 16.
- b. 69 new clients attended at least 1 meeting in FY18.

5. *Is it true that the number of participants has decreased this year?*

- a. Yes, our number of participants have gone down. In FY18 our numbers were higher due to an Orientation group within the Provena Hospital Behavioral Health Department. This was a

great place to offer our services to the clients. A traumatic event in our Fieldworker's life took place in December 2017, and she needed to put this Orientation group into Recess. Starting FY19 we have been diligently been trying to restart this group and hope to do so soon. We are hopeful that establishing a connect to Rosecrance, starting a new evening group this May in Urbana, and the Pavilion agreeing to supply their clients with GROW literature upon release, will raise these numbers.

- b. GROW over-performed in the first year FY18, under-performed in second year FY19, but are currently performing as expected in our first year. We likely over anticipated participation trend based on the first-year experience. We expect that increasing the fieldworker from part-time to full time will increase performance in FY20 and future years.

6. *What is status of discussion with Rosecrance to connect TPC and NTPC clients to GROWS peer to peer group?*

Meetings and presentations intended to establish GROW groups are scheduled in May and June 2019. The discussions will include how to transition clients from Rosecrance TPC to GROW NTPC to provide support for those recovering from mental health issues. We will focus on how those suffering from mental health challenges [a.k.a. problems in living] can participate in the GROW community programs throughout the county.

7. *What is the timeline for expanding to Urbana, Tolono, Pavillion?*

GROW is establishing a Thursday evening group at Urbana First Wesleyan Church beginning on May 9. The Wesleyan Church has generously donated the use of their facilities for this purpose.

Pavilion does not yet want to establish a group at their facility because they think that the group would disrupt the treatment. Rather they would prefer to refer discharged TP clients to community groups. We will work with Rosecrance and Pavilion to refer clients to GROW.

GROW will pursue establishing a Tolono group if funding is received to support a part-time fieldworker to gather and organize participants, train and supervise leadership, and find a meeting place where participants feel comfortable. The Fieldworker will be paid an hourly wage without benefits.

8. *Please explain the process for administering the T1 and T2 surveys to compare individuals who participated in groups.*

Customarily T1, T2 indicate Time 1 or the initial survey for a GROWer to take a survey. T2 indicates a second survey, T3 a third survey, ... Surveys are given annually or every 6 months.

Because GROWers may participate in the program for a relatively short duration, miss meetings, have a conflicting medical appointment, or may not be present when surveys are distributed. Consequently, only an initial survey might be completed for a participant. We do not know, nor predict when a GROWer determines that they have received sufficient resources or 'tools' to help cope with their mental illness symptoms, change their behavior, or effect recover from occasional, transient mental illness that allows them to leave the program. Of course, we would like to know the effectiveness of the program 'treatment' for any participant and assess the

effectiveness of the GROW program and follow-up to support the participant in their recovery, but participation in GROW is voluntary.

We are concerned that over-reliance upon client tracking may be seen as intrusive and counter to the anonymity and confidentiality of participants who reveal deeply personal issues which are embarrassing and traumatic. Furthermore, it is not uncommon for GROWers to suffer relapses and rejoin group meetings after relapses or when problems resurface. Like AA, support is often through telephone calls and brief visits. Some of these are informal, difficult to enumerate, and we do not ask the caller to participate in a multipage survey.

9. *How will professional fees/consultant funds of 16k be used?*

As stated in the Budget Narrative

- a. Auditing Fees for the Financial Review required by CCMHB, \$3,000 by Martin, Hood CPA;
- b. Banking and Payroll Fees [includes payment of taxes, insurance, etc. by ADP, \$1,930 [this might be revised or reduced because of recent transfer of bookkeeping from NJ to IL];
- c. Legal Fees [990 preparation, \$1,500, by Martin, Hood CPA];
- d. Support for part-time, hourly fieldworker #1 [see personnel below], \$6,240;
- e. Support part-time, hourly fieldworker #2 [see personnel below], \$3,750.

10. *Do the residency data represent the locations of group meetings/events or are they participants' home zip codes?*

The zip codes represent the residency of the GROWers.

Promise Healthcare Promise Healthcare Wellness

1. *What is a "non-clinical" barrier?*

We intended that to include the issues that may affect a patient's ability to execute their treatment plan or barriers to working towards optimal health that may be outside what a provider can do as part of a medical or mental health visit or referral to another provider or specialist. Examples of what we consider non-clinical barriers include transportation, assisting with financial issues, helping with enrollments for health coverage, food assistance, getting patients connected with legal assistance, social service support, and housing.

2. *What do the unexpected PY2020 targets indicate? Explain PY20 utilization targets in relation to past performance?*

The PY2020 targets indicate Promise's executive director expectations for the program. As Promise is serving about 50 patients a day with our mental health programs, about 170 patients a day through all programs and less than 5% of our patients live above 200% of the Federal Poverty Level, it is expected that we are assisting more people than we are reporting. Promise will continue to work to train staff on entering assists into the electronic health record in a reportable way. Currently assists may be recorded in the patient chart as a note but not in a way that can be pulled using a report.

Rattle the Stars Youth Suicide Prevention Education

1. Eventually, can veterans be tied to this project?

The education program can be modified to focus on veterans. As the only suicide prevention organization serving the county, we recognize that there are other populations that are in need of targeted prevention efforts, including veterans, seniors, college students, and people who are incarcerated, among others. Due to limited time and resources, we are careful about duplicating services that are being provided by other organizations. The Veterans Administration Illiana Healthcare System in Danville has a staff providing suicide prevention services, including intervention education, in Champaign County for veterans and people in contact with veterans. However, we recognize that many people have strong negative feelings about VA care and that an outside organization such as ours providing these services could also be beneficial for reaching these people who are reluctant to interact with the VA. Additionally, while our program has some similar components as the VA SAVE program, we incorporate key communication and intervention skills that the VA program does not provide that would be beneficial to people providing suicide intervention to veterans. As time and resources become available, we will explore offering more targeted programs for veterans.

2. Why is the mid-year events total low?

Our projected events total was estimated with the assumption that we would be providing the prevention education program to classrooms of students in schools. However, that process has taken longer than we initially anticipated. We saw the need to provide the intervention education program as part of a larger collaborative relationship with schools and have spent time developing other supports and programs for this effort. Best practices demonstrate that student education should be implemented only after staff and parents have been trained and after schools have developed comprehensive prevention, intervention, postvention (PIP) suicide response plans. Essentially, before we instruct students to refer their peers to adults for intervention, those adults need to be trained in appropriate intervention and a coordinated system for responding needs to be in place to ensure that youth with thoughts of suicide are receiving appropriate supports and services. We have

developed trainings for school staff and parents, but we needed additional time to build the capacity to guide and assist schools in developing their suicide response plans.

3. *Are there plans to expand the personnel? Is there a back-up plan for staff?*

We do have plans to expand and hire additional personnel. We would like to hire at least one other educator to provide the intervention education program to schools and other agencies. We would also like to expand into offering advocacy services to people who have had thoughts of or attempted suicide and their families. These services would include education, follow-up after hospitalization or other treatment, and support for navigating mental health service systems. Since this is a new and innovative service, we would begin by hiring one advocate and then evaluating the need for additional personnel. These positions, of course, depend upon our ability to secure funding (addressed with the final question).

We do not currently have a back-up plan for staff. Although we have volunteers who could fill certain minor roles, we do not have any other person trained to provide the education program, to consult with schools and other organizations, or to run the daily operations of the organization. We realize how problematic this situation is, but unfortunately without funding to cover the costs of additional staff, we don't have an alternative at this point in time.

4. *Are there plans to expand collaboration? To translate program materials to other languages?*

We do have plans to expand collaboration. We are currently meeting with organizations such as The Alliance, Big Brothers Big Sisters, CASA, DCFS, Dream Girls Academy, and Moms Demand Action. Some of these collaborations include sustained plans for required suicide intervention training for all staff and volunteers. We are in discussion through a liaison to establish connections and collaboration with organizations serving immigrant and non-English speaking communities. We have also developed a relationship with the School of Social Work and are in discussions to explore offering suicide intervention trainings to social work students. We will continue to seek collaboration with other community agencies and groups, especially those that serve people experiencing risk-factors for suicide.

We will translate program materials into other languages. However, we recognize that just translating materials is not sufficiently culturally competent, and we must consult and collaborate with members of cultural groups needing translation to ensure the substance of the intervention and the information provided in the materials will be effective for their community. Because we are teaching communication and help-seeking skills, which are decidedly influenced by culture, we want to ensure that the skills presented conform to what the communities would view as acceptable behaviors

within their culture. We also want to be sure that the resources provided are accessible to those communities given their language and cultural differences. As previously stated, we are establishing the relationships necessary to facilitate that process.

5. *What plans are there to seek out other funding?*

We will apply for funding from the United Way when the next funding cycle opens in the fall of 2019. We will also apply for funding from the City of Urbana/Cunningham Township grant program next year. Unfortunately, we did not meet the criteria to apply during this funding cycle. We are working on completing the requirements to be eligible to apply for federal grants, and we have been exploring other funding opportunities through Foundation Directory Online. We are making concerted efforts to locate available grants, but the process is hindered by our lack of additional staff. The process is time consuming and difficult to manage with one paid staff person, which creates a dilemma. We need funding to hire additional staff, but we need additional staff to be able to devote the time to securing funding. We hope that having some student volunteers over the summer will allow additional time to devote to this task.

Rosecrance Central Illinois Criminal Justice PSC

1. *a. How was the internal benchmark used to measure increases in self-sufficiency determined?*

For those engaged in case management services for a minimum of five months, at least 75% will demonstrate a level of improvement (in-crisis to vulnerable, vulnerable to stable, stable to safe or safe to thriving) in one life domain. This is an internal benchmark set by the program.

b. Is there more information on the Self-Sufficiency Matrix used for this measure?

<http://www.selfsufficiencystandard.org/sites/default/files/selfsuff/docs/SelfSufficiencymatrix2010.pdf>

2. *What outcomes were achieved last year (e.g., reduced recidivism through therapy classes and case management)?*

Please see the attached 2018 Outcomes Reporting Template provided to agencies by the CCMHB. While not required to be used at the end of 2018, it was highly encouraged as this outcome reporting tool is a required document for reporting all outcomes at year-end for 2019. Not all areas could be reported on in 2018 as the tool was just being introduced and piloted.

3. *How will you ensure no overlap with the work of the CCHCC case manager in the jail?*

There is no overlap as they don't provide the same services. The CCHCC case manager only focuses on acquisition of benefits. RCI case managers work on linkage to identified needs.

4. *Are the performances measures referenced on page 47 of board packet new? If not, what were previous results?*

Some of them are new such as length of stay data in the jail and others are not, such as recidivism. How we are tracking the outcomes improved as a result of our work with the U of I Evaluation Team and we will be able to provide better outcome data at the end of FY 2019. The attached 2018 Outcomes Reporting Template will provide you with previous data results.

Rosecrance Central Illinois Crisis, Access, & Benefits

1. *How will you ensure no duplication of services of CCHCC?*

There is no overlap of services between the two organizations. If people need mental health services, and have no benefits then we will see them, if they just need medical and have no mental health issue we then refer them to CCHCC.

2. *How will you coordinate care?*

We are in contact with CCHCC to ensure that we are not providing the same level of service provision.

Rosecrance Central Illinois Fresh Start

1. *Is the Custom Notification voluntary or mandatory?*

Custom Notification is not mandatory. Custom Notification can occur when there is a gun related incident in the community. The decision to make notification will be determined by law enforcement and the MDT. Like the call- in individuals will be given the same message, but it will be up to them to decide if they want to participate or not. The goal is to make sure individuals who may not have been "on the radar" at the time of a call in can be given the same message and option to put the guns down and take advantage of the services provided by the Community Liaison.

2. *How does one person do all the liaison work? Is there a back-up person so that this program flows smoothly?*

The Community Liaison is the only position fully funded by the CCMHB to provide intensive case management services for 15-20 participants. To date C-U Fresh Start hasn't had 15-20 participants at once, so this has not been an issue in the past. The Community Liaison is supervised by the Clinical Coordinator who acts as the back-up person when needed.

3. *Are we seeing younger "offenders"? Is there another term that can be used to describe those served by the program?*

While the gun incidents in the community in recent weeks have seen involvement of teenagers, they have been addressed through a different Coalition program which has been in the schools and had meetings/activities with them. C-U Fresh Start continues to work with persons 18 years old and older. The term "offenders" is primarily a law enforcement term which makes up one of the pillars of the Fresh Start program. The term "participant" is typically used in all meetings including those with the young men involved in the program.

4. *What are we doing to get to root causes, relationship issues, younger siblings, and families?*

C-U Fresh Start invites family members and support persons to the call-in and to be an active part of the participants' services. All of the participants thus far have been on probation or parole and are receiving therapy and counseling services through Cognition Works related to domestic violence, anger management, and cognitive-behavioral therapy to improve decision-making skills. These are some of the many services which help to address root causes and relationship issues with family and significant others. In the past, the Community Liaison has connected family and friends of participants with resources as well.

Rosecrance Central Illinois Recovery Home

1. *Is there a plan to follow people once they're out of the Recovery Home setting?*

We are working on incorporating our Alumni programming into the Recovery Home service line. This will allow clients to become engaged in that program either in person or from an application based program on their phone. Also we connect them with resources back in their home area once they are discharged from the recovery home. All clients are encouraged to keep in contact with coming to meetings, speaking at meetings, speaking in groups, or as a way to keep check on their recovery.

Rosecrance Central Illinois Specialty Courts

1. *How do you use the DSM-V and the ASAM to assess prospective clients?*

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) sets the diagnostic criteria required by the State of Illinois to use when diagnosing and assessing clients with substance use disorders. In addition to the DSM-5, we are required to evaluate the severity of the six dimensions established in the American Society of Addiction Medicine (ASAM) Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. Through a clinical interview with the prospective client, clinicians specially trained in the use and application of the DSM-5 and the ASAM criteria form a diagnostic impression and a clinical recommendation. The diagnosis(es) and recommended level

of care must be reviewed and approved by our Medical Director, who is a board-certified Addictionologist.

2. *Do we really prevent re-incarceration through this program?*

Yes. Recidivism rates are reviewed and reported by the Champaign County Drug Court Coordinator. Champaign County Drug Court has been shown to keep the recidivism rate for Drug Court graduates to approximately 33% over a 5 year period post-graduation. This is significantly lower than the national recidivism rates of roughly 67% for all released prisoners. (National Institute of Justice: <https://www.nij.gov/topics/corrections/recidivism/Pages/welcome.aspx>)

3. *Is there duplication of services between providers?*

There is no duplication of services between providers. While clients do have some choice in which providers to use for different services, they do not receive the same services from multiple providers. Drug Court reports and staffings take place weekly to ensure all providers are sharing information on client progress and services rendered.

4. *What were the primary drug(s) used by those in Drug Court?*

As with many clients served by Rosecrance's substance use disorders treatment providers, the Drug Court clients often use more than one drug and have more than one substance use disorder. Drugs used fall into the following drug classes: alcohol, cannabis (marijuana), opioids (prescription pain killers and heroin are examples), stimulants (cocaine and methamphetamine are examples), sedatives (benzodiazepines and barbiturates are examples), hallucinogens (PCP and ketamine are examples), and inhalants.

5. *What impact is anticipated in the event of legalization of recreational marijuana?*

This is a complex issue, and the answer to this would be too lengthy to put here. There are many impacts anticipated. If the Board members would like us to give more information, we would be more than happy to give a presentation during a Board study session.

Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: **Rosecrance of Central Illinois**

Program name: **Criminal Justice 2018**

Submission date: 8/29/2018

Consumer Access – complete at end of year only

Eligibility for service/program

1. *From your application, what are the eligibility criteria for your services? (i.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application)*

The Criminal Justice program serves individuals that have mental health and/or co-occurring substance use disorders and have involvement in the criminal justice system in Champaign County. Programmatically we divide the target population into two subgroups: Problem Solving Court (PSC) and Community. The PSC subgroup is simply the adults who have been sentenced to the Problem Solving Courts. The Community subgroup are those adults presently charged with a crime, on some type of community supervision (probation, parole, conditional discharge, or court supervision) or have been within the past 6 months, and individuals that have been found Unfit to Stand Trial or are on conditional release because they were found not guilty by reason of insanity.

Following are the various ways in which individuals are identified and referred to the program:

- a) Jail staff
- b) The mental health staff in the jail
- c) Self-referrals within the jail
- d) Names gained through the Illinois Jail Data Link program
- e) Individuals that have had prior contact with Rosecrance if they are incarcerated at the Champaign County Correctional Center
- f) Individuals that are sentenced to the Problem Solving Courts
- g) Individuals that are referred by local law enforcement, courts, probation and parole
- h) Self-referrals in the community.

2. *How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)?*

A client is considered eligible for services by having some type of criminal justice system involvement in Champaign County within a 6 month time period at the time of contact. This is verified by:

Names on the daily JIC lists (Justice involved clients lists that are created by the Champaign County Sheriff's Office which indicated if an individual had been booked into the Champaign County Correctional Center).

Check on the Champaign County's Circuit Clerk's Website to determine if there's a pending court case, a sentence to probation, or another type of court supervision (Conditional Discharge, Probation, Unfit to Stand Trial, Not Guilty by Reason of Insanity/Conditional Release).

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

Individuals are able to learn about our services through our agency treatment guide, which gives a detailed description of all programs within Rosecrance of Central Illinois. There also fliers readily available at the Champaign County Jail informing the population of services provided on site. Staff also present program specific information at the Champaign County Court Services department and the Champaign County Public Defender's Office.

4. a) *From your application*, estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):
We estimated a total of 150 Treatment Plan Clients would be served and an estimated 210 Non Treatment Plan Clients.

b) *Actual* percentage of individuals who sought assistance or were referred who received services:

A total of 111 new Treatment Plan Clients were services and a total of 208 Non Treatment Plan Clients.

5. a) *From your application*, estimated length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):
Participants in Problem Solving Court have no delay in accessing services. The assigned staff is experienced in working with the court systems and the populations served. Staff is able to engage clients in a prompt and efficient manner and is experienced in managing resistance and barriers that may be present.

For those not in Problem Solving Court, every effort is made to engage them within five working days. Screenings and mental health assessments are completed at the jail when needed. Often our services include providing assistance with transportation to ensure that the consumer is able to attend appointments with doctors and court services personnel. In

<p>order to improve access and deliver services where the consumer is, case management services may occur in the participant's home or other community settings.</p> <p>Walk-in screenings and/or assessments are available five days a week to improve access to other agency services. Assessments are either completed that day or the individual is referred to the appropriate program within the agency to complete the assessment process.</p>
<p>b) From your application, estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application): Not applicable</p>
<p>c) Actual percentage of referred clients assessed for eligibility within that time frame: All clients that were referred were screened for eligibility within the designated time frame. Not applicable</p>
<p>6. a) From your application, estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application): Not applicable</p>
<p>b) From your application, estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application): Not applicable</p>
<p>c) Actual percentage of clients assessed as eligible who were engaged in services within that time frame: Not applicable</p>
<p>7. a) From your application, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application): Not applicable</p>
<p>b) Actual average length of participant engagement in services: Not applicable</p>
<p>Demographic Information</p>
<p>1. In your application what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application) None</p>

2. Please report here on all of the extra demographic information your program collected.

None

Consumer Outcomes – complete at end of year only

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1. From your application, what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

Our program continues to report recidivism data on new TPC's by researching their offense data from the date of admission into the program up to the date the data is drawn (the end of the fiscal year). The agency is using the definition of "recidivism" to mean "a new judgement in the criminal justice system" (i.e., a new conviction).

The expected impact on clients is that engagement in treatment services will decrease the likelihood a client will recidivate.

We have calculated that 81% of TPC's did not recidivate during the FY18 program year.

Out of the 21 TPC's that did recidivate 19 were new felony convictions and 2 were new misdemeanor convictions.

2. For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if other program staff, indicate their role).) Please report all sources of information that apply for each assessment tool (e.g. the XYZ survey may be completed by both a youth client and their caregiver(s)).

Outcome:

Assessment Tool Used:

Information Source:

E.g. 1. Increased empowerment in advocacy clients	Measure of Victim Empowerment Related to Safety (MOVERS) survey	Client
Clients that engage in treatment services will be less likely to recidivate	No specific survey or tool used Recidivism is defined as a new judgment (conviction) in the criminal justice system.	Champaign County Circuit Clerk's website was used to research each individual for new judgements entered into the court system.
<p>3. Was outcome information gathered from every participant who received service, or only some? The outcome information was only gathered from TPCs.</p>		
<p>4. If only some participants how did you choose who to collect outcome information from? Participants that engaged in treatment services</p>		
<p>5. How many total participants did your program have? The program had a total of 111 TPCs participate in treatment services.</p>		
<p>6. How many people did you <i>attempt</i> to collect outcome information from? The total of TPCs (111)</p>		
<p>7. How many people did you <i>actually</i> collect outcome information from? The total of TPCs (111)</p>		
<p>8. How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc) The TPC's offense data is researched from the date of admission into the program up to the date the data is drawn which is at the end of the fiscal year.</p>		
<p>Results</p>		

9. What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:
- i. Means (and Standard Deviations if possible)
 - ii. Change Over Time (if assessments occurred at multiple points)
 - iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethno racial groups; comparing characteristics of all clients engaged versus clients retained)

By looking at the decreased recidivism rate we are learning from this outcome information that the individuals that are engaged in treatment services are not reengaged in the criminal justice system.

With the addition of the 2nd case manager at the jail we are better able to have continuity of care. This is allowing for the individuals that are motivated for treatment to engage with a clinician while incarcerated and have that connection for their transition back into the community. This is also the case for the therapy groups being held in the jail and in the community, the process is simple and clients can remain in treatment without gaps.

We have been developing our data collection process, with advice and guidance from Nicole Allen, and are looking forward to being able to focus on enriching our data driven outcomes for this program in this next program year.

10. Is there some comparative target or benchmark level for program services? Y/N
No

11. If yes, what is that benchmark/target and where does it come from?
Not applicable

12. If yes, how did your outcome data compare to the comparative target or benchmark?
Not applicable

(Optional) Narrative Example(s):

13. Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

14. In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below. **You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC):

Represent the Community Based and Problem Solving Courts Clients engaged in services.

Continuing TPC Actual-35 Target-40

New TPC Actual-111 Target-110

Total TPC Actual-146 Target-150

Non-treatment Plan Clients (NTPC):

Represent clients that received screening in the jail for linkage to identified needs.

Continuing NTPC Actual-34 Target-40

New NTPC Actual-208 Target-170

Total NTPC Actual-242 Target-210

Community Service Events (CSE):

Service Contacts (SC):

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

CCMHB AGENCY PROGRAM SUMMARY PY2020 QUESTIONS (April 24, 2019)

Champaign Co. Head Start/Early Head Start

Early Childhood Mental Health Services

1. *What percentage of HS-EHS children are referred to this program?*

The program is currently funded to serve 435 preschoolers and 141 infants, toddlers, and pregnant women. The Social Skills & Prevention Coaches provide social-emotional services to 32% of the Head Start/Early Head Start enrolled children. Of these children, 11% are Treatment Plan Clients (TPC) and 21% are NTPC or Non-Treatment Plan Clients.

2. *Has HS-EHS explored leveraging funds or finding a partner for this critical initiative?*

While the Office of Head Start does require programs to provide social-emotional services, it does not describe in detail what those services should look like nor does it identify specific dollars for those services. Many Head Start programs, including CCHS, are struggling to serve children with challenging behaviors because of all the budgetary pressures for wages, employee health insurance, facilities, transportation, technology, and children's health services, including dental care. The Office of Head Start does not increase a program's budget as a result of increased need for funding. Increases to the budget occur only through announced expansion opportunities and infrequent cost of living increases.

Our program searches for additional funding at the federal, state, and local levels and community partnerships to support the services we need daily in the classrooms. CCHS staff participate on several local groups that attempt to address the social-emotional needs of our community's children. Currently, our program has agreements and contracts with the following providers for services that positively impact children and their development.

- HopeSprings – provides counseling services to children and families and training to staff.
- Mindful Teacher Foundation – provides a 14-week mindfulness training course to staff.
- Karen Sims – offers staff and parent training on Trauma Informed Care.
- Champaign Unit 4, Urbana Early Childhood Unit 116, Middletown Early Childhood, Rantoul City Schools, Spectrum Early Childhood, and Child and Family Connections – provides evaluations and special education services to children with diagnosed disabilities.
- Champaign-Urbana Public Health District – provides nutrition and health services for all children enrolled and training to staff.
- SmileHealthy – provides dental services to all children and their families.
- Lions Club – offers hearing and vision screenings to all children.
- WILL – provides books for the classrooms and homes and schedules volunteers to read monthly to the children.

- Lincoln's Challenge – collaborates with the program and identifies cadets (young men and women) to volunteer time in the classroom such as reading books and playing activities inside and outside.
- Health Services Consultants – provides speech, language, and physical therapy to children not eligible for special education services.
- University of Illinois Speech and Hearing Clinic – provides speech and language screenings, evaluations, and intervention to children not eligible for special education services.
- Nutrition Consultant – evaluates nutrition screenings and creates individual plans for children and families to improve diets.
- Health Consultant – creates individualized health care plans for children who have medical needs.

As you can see, CCHS has leveraged services using our community partners, but none of these partnerships provide any funding to CCHS. Unless we find a grant from another source, the funding from the Champaign County Mental Health Board is essential to support the Social Skills & Prevention Coach positions. Without these funds, we will lose the ability to provide consistent and quality services as well as daily support for children who have challenging behaviors and/or experience trauma.

3. *Is there no other support for this program, given the federal funding and federal requirement for SES?*

See response in #2 above in the Early Childhood Mental Health section.

4. *Why a 200%+ increase from MHB in order to do this program?*

Last year, the Mental Health Board awarded the program enough money to support three Social Skills and Prevention Coaches at 30 hours per week. For FY20, our program is asking for an additional coach and an increase in their hours per week to 37.5. In addition, the program requested indirect costs to cover the administrative support, equipment, insurance, and other costs associated with office overhead.

Champaign County Head Start/Early Head Start Social Emotional Development Services

1. *How does the requested increase relate to demand?*

The increased funding amount does relate to the growing need and increase in identification of social-emotional support and intensive services for enrolled children. Every year, CCHS projects the number of services to be provided to children and exceeds those projections significantly. CCHS continues to see a rise in the number of children who do not have the skills to express their emotions, attach to caregivers, build relationships, solve problems, and play with peers positively. Also, the interactions with

peers and staff are often violent, for example, hitting, scratching, kicking, biting, choking, and throwing chairs. CCHS has documented violent behaviors in children as young as two years old. We all know that it is vital for children to receive intervention now before they enter kindergarten.

By identifying and providing intervention early, we are able to decrease challenging behaviors and increase social-emotional skills. The Social Skills & Prevention Coaches assist classroom teams and parents in writing individualized social-emotional goals to include in lesson plans for children identified through screening, develop and carry out individual success plans, offer classroom teams social-emotional learning strategies, monitor children's progress and outcomes, and provide information to families and staff.

2. *Has HS-EHS explored leveraging funds or finding a partner for this critical initiative?*

See response in #2 above in the Early Childhood Mental Health section.

3. *Is there no other support for this program, given the federal funding and federal requirement for SES?*

See response in #3 above in the Early Childhood Mental Health section.

Champaign Urbana Area Project TRUCE

1. *What are the Occupancy and Lease/Rental costs for?*

CUAP occupies one unit in Huntington Tower. However, we pay Ameren for suites 702 and 703. \$742.49 (3/31/19) and Coldwell Banker Commercial Realty \$96.62 for repairs. CUAP also pays our lease payments to Shar, LLC for office space/sewage \$667.50 per month up until December 2018. Shar, LLC increased the rent beginning in December to \$200 more a month. CUAP now pays \$860.00 per month. Shar, LLC has been leasing the space to CUAP for the past six years without an increase and under market value. The board feels this rate is still fair and equitable given property rates and our central location. The increase to \$860.00 a month is being shared by other programs under CUAP.

2. *Do we have outcomes related to the effectiveness of the program, especially with regard to decreased gun violence?*

PeaceSeekers Violence Interrupter's (PVI's) are known to go downtown Champaign and wait for the nightclubs and bars to close to thwart off fights and to intervene when things begin heating up. PVI's were able to cool down tempers on several heated occasions in downtown Champaign. These interventions gained the attention of local law enforcement to the point the departments agreed to support getting ID badges for the PVI's on the street. PVI's also gained the attention of local downtown business

owners. One local business owners asked PVI Outreach Manager if they would serve as security for their business. This effectiveness was an indication to our PeaceSeekers their outreach work was having an impact on cooling situations, mediating conflicts, reducing further retaliations on the front end, gaining the respect of Law Enforcement and Local Business Owners. In 2018 there was an increase in shootings. Various conditions and situations caused the increase in violence, but we certainly know without the interventions of the PVI's there were fewer de-escalation in retaliation and future gun violence.

The same effectiveness can be said about the work PVI's put into their outreach efforts at Urbana High School prior to the violence that broke out at in February. PVI's were actively engaged weekly with high risk students in Urbana Schools prior to the major fight.

PVI's had started to meet with individuals and groups of students at Urbana High School in October of 2018 - December 2018 before school staff stopped them citing our "alternative" methods approach. However, PVI's gained enough credibility with some of the at-risk youth in the school, specifically the ones who were involved in the "mob action" fight on February 4th at the High School, that they were immediately able to intercept potential retaliation situations. PVI's immediately began mediating the incident amongst all parties involved and connected a broad network of community resources such as C-U Trauma & Resiliency, Peer Advocacy, and other Champaign Coalition representatives to provide resources, structure, and support. PVI's, along with others community partners started taking on emergency short-term mentoring assignments on both sides of the families with-in the conflict, in order to prevent additional serious potential violence from occurring in retaliation to the incident on Feb. 4th at Urbana High School.

PVI's working with multiple youth and adults throughout the community in an effort to reduce gun violence and retaliation. With regards to specific outcomes, TRUCE outreach workers became heavily involved with the family of an UMS student who was expelled for one isolated incident that involved violence in the school. TRUCE mediated and counseled the family throughout the process, connecting them to multiple community resources, and advocated for the young woman who was expelled, a former honor roll student and current honor roll at READY alternative school. Working with Mrs. Donna-Tanner Harold, counselor at Parkland College, we helped connect short-term and long-term mentoring plans for the student. Outreach Manager, Josh Payne facilitated that meeting with Mrs. Harold with the family's personal Pastor, who helped set up a group meeting with Outreach Manager, Josh, the student's family, and Urbana City Council Board member Mrs. Hursey.

Mrs. Hursey has been working with the family and set up an initial meeting with Dr. Preston Williams. Coordinating the results of that initial meeting with Josh, clearance and permission was then given from the mother to discuss the matter amongst all

parties involved. Mrs. Hursey then met again with Interim Superintendent Williams. They collaboratively came up with an alternative resolution to the situation that after all that had previously proceeded, was pleasing and satisfactory to the family and mother of the student, at this time. Due to the rigorous work of the TRUCE Manager and TRUCE Outreach workers, and the community collaborative effort of many others, this young woman will get her wish this year and walk the stage with the rest of her classmates on May 16th. A peaceful resolution to a once violent and volatile situation, TRUCE intervention, continued tracking and a peer advocating plan set in place for the next four years of this young girl's life, is all thanks to the continuous efforts of our lead outreach manager.

TRUCE Outreach Manager, Josh Payne, and others within the organization continue their advocacy and mentoring efforts with these families and students today, staying closely connected to key players and issues in areas of violence, while also trying to restore community in the lives of some of Urbana's most marginalized families of trauma.

However, due to funding and personnel limitations, it is difficult to measure TRUCE's full outcomes or outcome potentials. The small number of TRUCE Outreach Workers cannot be expected to have a significant impact on community gun violence. However, interrupting one incident of gun-violence has the potential to prevent a ripple effect throughout the community.

3. *So far at the half way point through PY19, program has exceeded total served for PY18. Is this due to more outreach, more folks interested in the services or response to a greater need?*

In respect to the question, it would have to be a mix of all three. Outreach Manager, Josh Payne, has devoted more time and energy to networking and outreach. Josh has recruited and managed additional outreach workers during the current project year. This has led to a more strategic approach to violence prevention and more of an openness amongst other community organizations to work with TRUCE. This additional outreach has garnered added interest from the community in the PVI's work which resulted in more effective outreach efforts.

However, we cannot neglect that fact that the strategic collaborative outreach efforts were due to and focused on a real uptick in violence in the Champaign-Urbana area, and the heavily reported violence in Urbana School District #116 this past year. PVI's were ready, willing, and prepared to respond to the uptick in violence among the students. The violence which broke out at the Urbana High School created an even greater need for multiple interventions.

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4. *What efforts have been made to collaborate for support from other sources?*

Financial Resources Support:

Mom's Demand Action continues to support the efforts of CUAP. Specifically, for the work TRUCE has done to prevent gun violence. MDA has raised over \$1000 to support the work of the Peace Seekers. Members of MDA also have shown their strong support of CUAP by advocating directly to funders for more resources to be put into our TRUCE program.

CUAP has collaborated with the Community Coalition to pay for our Peace Seekers violence interrupters training. To date the Coalition has paid over \$5000 in training costs.

CUAP has received letters of support for TRUCE from State Representative Carol Ammons, the CUPHD Executive Director, Julie Pryde, and Lauren Quinn, Illinois Chapter Leader for Moms Demand Action for Gun Sense in America for a TRUCE grant submitted in April to City of Urbana/Cunningham Township Consolidated Social Services grants.

Human Resources Support:

Prior to December 2018, TRUCE Outreach workers were collaborating with officials from Urbana School District regarding youth violence at Urbana High School. Urbana High School and Urbana School District Administration were supportive of both in-school and out-of-school support for students who had been involved in school and community violence. After December 2018, Urbana School District's interim administration were hesitant to continue the relationship with TRUCE. However, TRUCE Outreach Workers began collaborating with family and community organizations to support the Urbana students and families outside of school.

TRUCE collaborated with CU Neighborhood Champions, the Youth and Family Alliance, and STEP. Specifically, these collaborations provide family to family supports, workshops, mentoring and tutoring for students. Several Urbana students were placed on "homebound instruction" in February, and TRUCE has continued to support and work with these students.

The in-kind contributions have been immeasurable from volunteerism, to advocacy. We cannot thank our supporters enough for believing in the work of TRUCE.

5. *How do TRUCE staff collaborate with Fresh Start? Specific actions should be listed.*

TRUCE staff works with CU Fresh start program in various ways.

- CUAP Staff is one of a select group of members to serve on the CU Fresh Start Multi-Disciplinary Team (MDT) steering committee. The MDT is the committee that makes decisions on process, procedures, program goals, and when call-in are held.

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- CUAP Staff has been responsible for securing victims to serve on the panel for the Call-Ins to provide victim impact statements.
- CUAP staff attends all CU Fresh Start Call-In rehearsals and has transported victims to and from CU Fresh Start Call-In rehearsals and Call-Ins.
- TRUCE Peace Seekers provided testimony as a panelists for CU Fresh Start Call-ins.

6. *What happens as a result of the two Community Peace Circles? Who comes, what actions result? Do these Circles impact in measurable way violence in targeted neighborhoods? Does it increase collaborations among agencies, neighborhoods?*

Community Peace Circles offered by TRUCE are structured restorative circles for individuals and groups who are experiencing conflict (especially potential violent conflict) that happen within the targeted community.

TRUCE more recently sought to conduct a peace circle by bringing together the two sides of individual students and their families involved in the continued conflict resulting from the UHS fight. The Peace Seekers have developed relationships with both the victims and the offenders. However, consensus among the parties have not been obtained and in order to reach a more successful mediation both sides must agree. Therefore, Peace Seekers decided to continue to work individually with the families until both sides were ready to meet.

The Peace Circles provide a venue that allows multiple, beneficial and fruitful interactions to take place. Peace Circles pose as a “peaceful” ending point for the violence and groundbreaking for new conversations and initiatives to be taken towards inter-connectivity within the community, In addition to the community-centric approach, we use restorative measures, and collaborate with certified restorative circle IBARJ practitioners to help facilitate the Circles.

In the recent past, following deadly shootings and funerals we have brought in Violence Mediation Specialist, former Chicago Ceasefire E.D. Tio Hardiman, to facilitate successful mediation among family member seeking retaliation.

I would also add, not only are Peace Circles, but our TRUCE training seminars/Community events are restorative and reparative. TRUCE have seen some of our biggest turn-outs at our event forums that have massively increased our community partnerships & collaborations, raised awareness about our programs and other collaborating partners programs (i.e. Silver/Vawter Neighborhood) outreach efforts with Sam Smith from Krannert. That work has resulted in the reduction of gun violence in that community and better cooperation by the residents with police officers.

7. *Out of 120 shootings, 8 Interrupters/Peace Seekers deployed? What did they do and how did this impact communities? What did the Peace Seekers do? What were the immediate and longer term outcome of their response to those 8 events?*

In 2017, TRUCE received a 34% cut in funding. In June of 2018 the number of shootings were at 47 up from 35 at the same time period in 2017, and that was only half way through the fiscal year. TRUCE PeaceSeekers contributed some of rise in gun violence due to their inability to respond appropriately to the shootings.

Due to the cuts our PeaceSeekers Violence Interrupters (PVI's) were unable to respond to the increase in violence. Their activities had to be decreased because there was no money for stipends. We would not send a fire fighter to fight fire without being properly compensated. CUAP could not continue to expect PVI's to intervene in potentially dangerous situations without some compensation even though they were prepared to do so, because it's their job and they wanted to respond. TRUCE PVI's Jobie Taylor and Josh Payne continued to do the work even though it was mainly on a volunteer basis due to their commitment to TRUCE and the important need to live in a safer community.

TRUCE outreach workers have either received concrete intel or have been able to gain firsthand account on approximately four to five other shootings just around the Feb. 4th fight at Urbana High School alone, with most of those incidents happening back-to-back. Since those incidents, arrests have been made and key players/former students who were still involved have been de-escalated and restorative structures has been set in place around specific families to help deter and prevent potential future violence. However, the small number of TRUCE Outreach Workers cannot be expected to have a significant impact on community gun violence. Interrupting one incident of gun-violence has the potential to prevent a ripple effect throughout the community. The word of the street is most of the gun violence over the past few years resulted from Rakim's murder. Massive limitations due to lack of funding has prohibited us in the past from being able to become fully operational and trained to deploy the necessary amount of Peace Seekers and Violence Interrupters needed in order to positively interrupt and affect a larger percentage of those shootings.

TRUCE has been more than effective in the community operating as a gun-violence deterrence initiative, devoid of sufficient funding. Peace seekers commitment to healthy families and safe communities allowed us to make inroads in high-violence, trauma inflicted neighborhoods in CU. We have been able to train community members around violence prevention, mediation, retaliation, and restorative efforts to re-build community with a grassroot approach to bridge gaps in the community and to address many societal and systematic injustices.

As we continue to grow and expand our initiatives beyond just your everyday "anti-violence" group, we will push further into the school districts and deeper into the

community with community partnerships like S.T.E.P. tutoring, SPIT with a Purpose, Champions, and other community programs to further broaden our approach and reach in these efforts.

CUAP will continue to aggressively seek funding in order to adequately meet the demands of the newly revised organizational structure and strategic plans. To meet the rising demands and assistance needed to positively impact our community members who have been afflicted and traumatized by acts of violence in the local schools, and threats of violence, in the community.

8. *Be explicit about efforts to establish a Community Restorative Board. What actions have been taken? Has the Board been constituted? Who are members? How often have they met? What are their goals? Do they collaborate with other groups?*

What actions have been taken?

CUAP is an active member of the Community Coalition which has been very involved with the Community Building Process. The Community Coalition and TRUCE partner's i.e. the Champions model mobilizes neighbors and community members to help families meet their needs efficiently and effectively; *and* move through the crisis with the targeted support that they need.

Community Restorative Boards (also known as) Neighborhood Accountability Boards (NABs) is becoming a more popular restorative decision-making model that may fill a niche as a neighborhood level —community building response to lower or mid-range crimes capable of serving a larger and more diverse population of offenders, victims, and their families than other restorative models. NAB's will generate meaningful "community driven" consequences for criminal actions that can reduce a costly reliance on formal criminal processing.

CUAP is still in the planning phase of our NAB process. However, we are beginning to move from the planning phase to the community buy-in stage very soon. Our NAB plan has four phases.

1. Planning and Development (June 30, 2019)
2. Community Buy-In (July-Oct 2019)
3. Recruitment and Training (Nov-Dec 2019)
4. Implementation (Jan 2020)

Our plan is being discussed concurrently among staff with the planning process presently taking place under the collaboration with the Community Coalition Gun Violence Subcommittee (CCGVC). TRUCE PeaceSeeker Josh Payne and CUAP staff have

been working with the CCGVC since its inception, along with the more newly formed Messaging Group (KNA Community Violence Response Team CVRT) to come up with a crisis response plan.

Josh Payne, Outreach Manager for TRUCE presented a PowerPoint presentation to the CVRT last month delineating how TRUCE plans to interrupt violence and restore communities in C-U. This presentation has been well received by the CVRT and members of the Community Coalition and its management team. With the newly released TRUCE plan, and the work of the CVRT it begins to open the door for CUAP staff to present the plan of implementing NABs to the larger group and garnering more broader community support.

CVRT members Patricia Avery, Josh Payne, and Seon Williams have also begun identifying potential community partners who can provide the physical space within our designated zones (police zones) in Champaign-Urbana. These community partners who agree to serve as a site for our response teams will be asked to sign MOU's. The sites within these identified zones will be utilized for the purpose of the coordinated crisis response teams to effectively communicate to the public, and for those in need of help be connected to services. These teams could consist of TRUCE Peaceseekers, a partner organization, a neighbor, a medical provider, law enforcement, the faith community, a school, or another community partners. These teams would be deployed 36 hours after a shooting incident has occurred. Specifically, for community messaging and where volunteers will be on hand to help families meet their needs efficiently and effectively; *and* move through the crisis with the targeted support that they need.

Once all the site partners are confirmed (which can be in a church, public, private business, or community centers) an informal structure will now be set in place. Some NAB's consider these types of structure "micro communities."

Has the Board been constituted?

No. However, we anticipate the oversight board will consist of members of the CVRT and the NAB's will be community members.

What are their goals?

To repair, restore, rebuild, reintegrate, and rehabilitate rather than punishment. Restorative Justice practices are grounded in three core principles: (1) justice requires that responses to crime repair harm to persons hurt or injured by the criminal act; (2) all stakeholders should be included in the response to crime as early and often as possible; and (3) partnerships between government and community are central to a comprehensive justice response that seeks to expand the role of community involvement.

As an overarching philosophy of addressing victim and community needs in the aftermath of conflict and harm, restorative justice is more than a program model. Based on an underlying theory of pro-social connection through reliance on —weak ties, it has been argued that NABs may provide broader instrumental social support for offenders and victims from community members and families. Specifically, we argue that the difference between the social support component of NABs and other restorative practices is the NABs' primary reliance on what sociologists have referred to as —strong vs. weak ties. 19 —Strong ties are those associated with families, extended families, and organic communities which rely heavily on expressive, often emotive, social control and support.20 —Weak ties, on the other hand, are based on more casual relationships and encounters, which in modernity are nonetheless the kind of connections needed to find a job, gain access to higher education, and call on advocates for support in times of trouble (e.g., arrest, trouble in school, etc.)

19. See generally Mark Granovetter, *The Strength of Weak Ties*, 78 AM. J. SOC. 1360 (1973); Rose Laub Coser, *The Complexity of Roles as Seedbed of Individual Autonomy*, in *THE IDEA OF SOCIAL STRUCTURE: PAPERS IN HONOR OF ROBERT K. MERTON* 237, 242–43 (Lewis A. Coser ed., 1975). 20. See Granovetter, *supra* note 19, at 1361. http://openscholarship.wustl.edu/law_journal_law_policy/vol36/iss1/3

Moreover, by offering local social, community, and family support, NABs may help ameliorate the conditions that foster crime and conflict management at the neighborhood level. Specifically, NABs fill a space that relies heavily on community volunteers and is both less formal than court processes and less intense than either FGC's or Circles.

Who are members?

If CUAP staff is successful in convincing the community about the benefits of having NAB's, the next step would be to identify community members who live within the designated zones to serve on the NAB's. NAB's typically are a small group of trained volunteers. Trained on how to conduct the face to face conferences, and other Restorative Justice practices and principles. These members can be neighbors, clergy, teachers, neighborhood business owners, PeaceSeekers, Champions, members of the Coalition, law enforcement, etc.

How often will they meet?

Once the NAB's are in place they will determine how often they will meet. Each zone may meet at different times.

Do they collaborate with other groups? Yes.

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CUAP has established collaborations with CU Champions, Community Coalition, City of Champaign and Urbana, CU Fresh Start, STEP, Unit 4 and District 116 School Districts, Community at large, and members of the faith-based communities.

CUAP will collaborate with CU Trauma and Resiliency for training NAB members. Some practitioners have demonstrated that NABs are capable of improving victim involvement when leaders and supporters prioritize and find resources (such as assigning staff) for this purpose. We seek to collaborate with the CCMHB and Cities of Champaign and Urbana, and community partners to assist with additional financial resources. We also seek to partner with the community and the coalition for volunteers to serve on the board.

We have identified a number of community partners that will serve as site host for our crisis response teams and hopefully our NAB's locations. We will collaborate with Juvenile Detention Center, and ultimately seek to garner a strong collaboration with the juvenile justice and court system.

9. *Please clarify the focal participants and clients of the project?*

- TRUCE focus will remain on individual's whom displays violent behaviors, at risk of being shot, or being a shooter. TRUCE participants align with the Champaign County Coalition's target population as well.

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

10. *Under Consumer Outcomes, references is made to 75 total participants. Who are the 75? Are they youth, adults, or Peace Seekers?*

The focal participants/clients of the project are citizens of Champaign-Urbana and surrounding rural communities who are impacted by gun violence. Most of the gun violence in Champaign County happens in Urbana, Champaign, and immediately surrounding county areas. The focus will be on areas where gun violence has been documented or areas where people are affected by gun violence.

We anticipate the participants will be high school students involved in delinquent behaviors, street interventions, with gangs and gang involved participants, and referrals from other community partners.

CUAP is bringing into our organization the Dublin Street Church STEP programs. This will substantially increase our total participants for the year.

11. Who takes the pre- and post-surveys as part of consumer outcome measures? Peace-seekers, youth, neighborhood members?

CUAP is currently working with University of Illinois graduate students. Markea Jones, and Chelsea Birchmier on the evaluation tool that will be used to collect data that will be used to differentiate consumer outcome measures.

Pre- and post-surveys will be given to trained peace seekers for performances measures, job readiness and effectiveness. As of now, the new survey is still in its developmental stages. Currently Peace Seekers are using an evaluation tool for collecting data and tracking activities that was set up by the U of I Graduate Students.

Pre-and post-surveys will also randomly be given to youth and their families receiving TRUCE services. Pre-and Post-surveys will periodically be conducted at community events sponsored and co-sponsored by TRUCE.

Currently, TRUCE has been involved with the development, distributing, and collecting of several surveys regarding gun violence, through our partnerships with MDT, PCU, the Community Coalition's "Walk as One's" and CYS. MDT conducted a community survey in the NorthEnd. Community Coalition distributed information in North Champaign and East Urbana high risk communities. The Unit 4 School District through PCU's involvement has conducted surveys, and CUAP currently has a CYS youth group involved with conducting a community assessment.

In December CUAP conducted a pre-and post-surveys of violence interrupters training participants.

12. What success from prior three years justifies the large increase in funding?

For CUAP to effectively and efficiently implement the new anti-gun violence model we need more resources and human capital. The Training and development of our new Outreach Manager, Josh Payne, has taken our outreach to a new level with his intra-personal restorative approach to community outreach and his ability to translate

research about restorative practices and trauma into meaningful services for youth and families.

Josh has increased his volunteer time personally to devise a city-wide anti-gun-violence protocol that the City of Champaign and the community Coalition are piloting in collaboration with the City of Urbana and many other sponsors in order to deter gun-violence in our city. Josh's efforts and success deserves to be supported. CUAP would like to hire Josh as a part-time Outreach Manager to oversee his new anti-gun violence community building model. In prior years the outreach manager and peace seekers have only received stipends for their intense work. This is not fair to the outreach workers but it also no way to run an operation dealing with such heavy content such as interrupting gun violence and changing community norms.

CUAP needs more violence interrupters training dollars, because we are in need of more violence interrupters to serve on the crisis response teams, a member of the NAB, and to respond to the increase in gun violence.

CUAP would also like to hire a part-time NAB coordinator.

PVI's has successfully established relationship with several high-risk individuals and their families which have led to the reduction in violence, interrupted more acts of violence then we have collected data on, help to implement a new STEP program that works with parents and students, and has successful intervened in several crisis situations with seven families who are survivors of gun violence.

Due to CUAP's Executive Director, Patricia Avery's tireless efforts since 2013 to establish TRUCE, to train leaders and violence interrupters like Josh Payne and others, we are now ready to expand our efforts in violence prevention and anti-gun-violence initiatives like no other in Champaign-Urbana's history. CUAP is a proud long-standing, local grass root non-profit who prides itself in employing, training, and empowering life-long Champaign-Urbana residents to address issues affecting them, by mobilizing and organizing within their own communities. There are many local success stories born from the work coming out of CUAP. CUAP staff call it a "restoring of community" values and principles from the ground up.

13. Clarify the relationship among other funded projects, partners, and systems — TRUCE, Fresh Start, Neighborhood Champions, YAC, Rosecrance Criminal Justice PSC, other Rosecrance services, CU police, school districts?

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TRUCE is a supporter of the work of CU Fresh Start. We serve on the MDT committee and we are involved with their Call-ins. We have provided victims for victim testimony and felons who have sat on their panels.

TRUCE PVI's most likely will have a relationships with a number of those participants involved with CU Fresh Start Program.

The PVI's and Champion Responders are part of the Community Coalition's community violence response plan. After an incident of community violence, the point of entry to our coordinated response could be a Peaceseeker, a partner organization, a neighbor, a medical provider, law enforcement, the faith community, a school, or another community partner. The model that we are piloting would have referrals come to the Champion Responder staff, who would conduct an initial screening conversation to identify needs. Once the needs are identified, a response team will be created that could be comprised of PVI's, family partners from the Alliance (Don Moyers Youth & Family and volunteer responder grant), and providers from local mental health and educational services will be mobilized. Families will also be offered a team of volunteer/community-based responders who can provide practice--practical? and other forms of support using the Skills for Psychological Recovery model. For example, a family is affected by an incident of gun violence. The family has children in school and perhaps a grandchild in an early childhood education program; there is a young adult and perhaps a grandmother. Imagine that the family needs to stay in a hotel for three days because of safety concerns. They need assistance with meals and arranging child care; maybe the young adult is connected to a community group that is tangentially related to the incident of gun violence. These needs would be identified, and a wraparound meeting would be convened, with all the necessary support in a coordinated effort. Some of this support could come from PVI's, who might already be working with the young adult, and a family partner might be available to support the grandmother. Champion Responders might work in the background to help the family locate food or find funds to give the family an opportunity for some recreational outlets; the Responder coordinator will also work with the schools and early childhood providers to coordinate the children's care. Although each plan is individualized, the model is designed to reduce the burden on a family experiencing a crisis. It also mobilizes neighbors and community volunteers to help families meet their needs efficiently and effectively. The model also mobilizes neighbors and community members to help families meet their needs efficiently and effectively; *and* move through the crisis with the targeted support that they need. Based on previous research, when Psychological First Aid/Skills for Psychological Recovery are administered, they (a) reduce the potential risk for post-traumatic stress disorder; (b) the need for more intensive services later; and (c) promote family/community resiliency.

The Champions are part of the CU Trauma & Resiliency Initiative (CU-TRI), which provides the core training for PVI's (Healing Solutions) and others who are engaged in anti-violence work (schools, community workers, human service providers, mental

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health providers, and community volunteers). CU-TRI also coordinates the Community Coalition's overall community violence response plan.

PVI's work independently and in conjunction with law-enforcement. Each agencies goal is public safety and we work together to accomplish that goal. Every year PVI's have been involved with the Champaign County's Focus on Youth conference.

PeaceSeekers outreach workers have multiple involvement with school district and University of Illinois, through interventions with violence, mentoring students, speaking to classes about non-violence and sitting of panels.

14. Could/Do First Followers have a role as mentors to targeted youth?

First Followers is a community partner with whom we have a long-standing relationship, but our targeted population and their demographic of assisted persons are usually much different groups.

We often however refer those we assist to First Followers when employment issues arise amongst the families we work with. In C-U most agencies who serve low-income, high risk youth and their families will most certainly work with the same families. It is possible for First Followers to have a role as mentors to our targeted youth because there is a shortage of mentors who want to work with our targeted youth.

15. Financial issues—100% funds come from CCMHB—these were intended to be used as leverage funds with which agency would identify other funding and collaborative agreements. What is status of raising other or applying for funds for the program?

The Champaign-Urbana Area Project is currently applying for funding through the City of Urbana's Consolidated Social Services Fund for both TRUCE and CUAP in order to help expand revenue sources, services, outreach, and outcomes.

CUAP is also working with the City of Champaign and the Community Coalition to secure funding in-order for TRUCE to train and deploy more Peace Seekers around Josh's Rapid Crisis Response model to Interrupt Violence and Restore Community.

CUAP Board has made a commitment to increase their level of fundraising efforts.

Courage Connection Courage Connection

1. Provide more information on outcomes – impact of services?

Quality service outcomes are difficult to obtain for victims of domestic violence. Development of post-service outcomes (i.e. improvements maintained after service terminates) are minimal, reflecting the safety concerns of clients. Clients often return to abusers, making reaching out to them potentially dangerous – **even lethal** – as we most

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often work with clients in the middle of their abuse, not at the end. Even on the rare occasions where we might have a functional address or telephone number, monitoring of mail and electronic communications is a common practice of abusers.

Often clients terminate services without notice, minimizing how much data can be accurately collected. A client may cease counseling or an emergency shelter user may fail to return one day, and we are left unable to collect data at all.

The surveys mandated by InfoNet reflect the primary concept behind domestic violence service: SAFETY. If a client can learn more about safety, and feel safe (and empowered, and respected) when receiving our services, that person is more likely to return for services, or even ultimately leave an abuser independently. Accordingly, the funders that require these surveys (in particular, IDHS-DV) ask for a very small percentage of eligible clients to be surveyed: 5%.

All these dynamics make it difficult to obtain quality data, particularly “hard” outcomes we wish to measure like *maintained housing, increased income, or permanently left abuser*. “Soft” measurements like *feelings of safety* are more appropriate for how domestic violence service provision is ethically and appropriately implemented, but makes it difficult to understand long-term outcomes and provide competitive data to funders outside of those that focus on domestic violence.

Recognizing this, Courage Connection worked across FY19 to develop a post-service evaluation that addressed – to the degree possible – the safety concerns described above. Only with transitional housing did we believe we could feel (relatively) confident in a client not returning to an abusive situation. A tool, attached here, was developed to measure these outcomes at 3-6 months after service completion. Included in this tool are measurements for legal advocacy and child & family services, in case the client also received these services. For counseling, a service that often has no set end date, and often is discontinued without notice, we will be taking a different approach, applying the survey in “snapshot” fashion across all counseling clients who present for services in a given month, at least once a year. (Therapy, by contrast, is typically more structured. Post-service evaluation will likely be added following the transitional housing model above. See below for information on the hiring of a therapist.) No outcome numbers for this effort were included as part of the FY20 CCMHB application, as we intend to spend the first year determining if we can get a statistically significant return rate.

The CAP program, beginning officially this month, is a highly structured 10-week program, which has a built-in end-of-service survey. At the time of application, our implementation date was not yet set, and we did not feel confident establishing measurement goals for the following year under that circumstance.

The post-service evaluation tools were developed across FY19 under the leadership of a University of Illinois School of Social Work Master’s intern (Leadership and Social

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Change concentration – the non-direct service concentration that prepares students for macro-level work in the field, including evaluation) with the assistance of two professors, Dr. Kevin Tan and Dr. Rachel Garthe, who have extensive experience in evaluation (and, in the case of Dr. Garthe, with domestic violence). The CAP survey is part of a larger evidence-based practice developed by Michigan State University. InfoNet surveys will continue, although we hope to supplant these formally in FY21 and/or FY22 with our newer tools described above for non-domestic violence funders. These will provide more traditional “hard” data that can demonstrate our program’s effectiveness on long-term outcomes for those impacted by domestic violence.

Ultimately, the InfoNet surveys, imperfect as they are in terms of return rate and depth, measure the key aspects of ethical domestic violence service provision, often couched in the language of safety: *the return of autonomy to a client who systematically had their autonomy taken away from them*. A difficult thing to measure, but a critical one, and one by which a successful domestic violence program can be measured. These measurements, used in previous reports and awards with the CCMHB, will continue in FY20 and beyond as a measurement of the quality of our work and a reflection of the need for safety of our clients, people who seek services from us because their lives are literally at risk of being lost.

Those measurements were taken directly from the InfoNet surveys and the funders who require their use. Below is “Exhibit F – Performance Standards” from our IDHS-DV contract, which corresponds with our measurements for CCHMB, excepting that we set our goals at 90%. We’ve found that we can usually meet this for most items.

1. 70% of clients surveyed will know more ways to plan for their safety.
2. 70% of clients surveyed will know more about resources in their community.
3. 70% of clients surveyed will feel safer from abuse while in shelter.
4. 70% of clients surveyed will feel more hopeful about their future.
5. 70% of clients surveyed will have a better understanding of the effects of abuse on their life.
6. 70% of clients surveyed will have a better understanding of the effects of abuse on their childrens’ lives.
7. 70% of clients surveyed will have an increased understanding of their legal rights as a domestic violence victim.
8. 70% of clients surveyed will know they can report violations of orders of protection.
9. 70% of clients surveyed will feel better able to support themselves and their children.

2. *What is the status of the currently open positions?*

Executive Director – The Board of Directors have narrowed the field to 3 candidates. References are in the process of being checked, with interviews to be scheduled

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pending successful references checks. These should be scheduled in late May or June, due to travel requirements of some candidates.

Therapist – Interviews are scheduled for May 3rd and 17th. Courage Connection has also enlisted the help of a local practicing therapist with experience in the social service field to assist in the interviews.

Client Advocate – As of this writing (May 1st), there is one full-time position open. This vacancy was created by a recent internal promotion, and the employee is transitioning between positions. Job postings for this position will be placed after May 6th, his new position's start date. The "Sub" positions (of which one was listed as "Vacant" on the application) are under consideration for changing to "Part-time". If this occurs, we expect some of the current Subs will accept the positions. For any that are not, these will be posted for hiring. We expect this to be determined by July 1.

If you have further questions, please do not hesitate to ask.

Crisis Nursery Beyond Blue - Champaign County

1. *Would you support a group for fathers?*

Absolutely. After speaking with the Family Specialists who are working with Beyond Blue families, we agree this is something that we can explore and implement. The consensus was that involved fathers impact child development in a positive way and that mentally healthy fathers would strengthen and support infant mental health.

2. *Has this been explored previously?*

Our services have always been open to fathers. For the most part, fathers who choose to participate typically do so during home visits. This would be the first time in recent history that we will be offering a group targeted towards fathers.

3. *How could the Champaign County Board of Health become involved again as a funder?*

Please see attached letter from Julie Pryde.

May 1, 2019

To whom it may concern:

There are no Requests for Proposals being offered by Champaign County Public Health Department nor Champaign-Urbana Public Health District at this time. The County Board of Health has said that they will discuss at a future meeting for future fiscal years.

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Good luck with your important program, "Beyond Blue. "As a mental health program, your application appears to be in the bailiwick of the Champaign County Mental Health Board.

Thank you!

Julie A. Pryde, MSW, MPH Administrator
Champaign-Urbana Public Health District

Cunningham Childrens Home Parenting Model Planning/Implementation

1. *Will this program be available to families not involved with the juvenile justice system?*

Yes. It would be our intent to serve youth and their families at the earliest point in time to divert them from the juvenile justice system as well as those that are further involved in the system. More specific target population eligibility would be defined by the stakeholder group during the planning phase and will help guide the selection of the model.

2. *Would you consider the use of online training for parents?*

Yes. Based on preliminary research, we have identified at least one online parent training program for the stakeholder group to consider. That said, we would see online training as one component in addition to in-person training and/or family therapy.

3. *Provide more details on anticipated costs – breakout planning versus implementation?*

The costs during the planning phase cover three administrators' time to facilitate the research of models using the Hexagon Tool, organization and facilitation of stakeholder meetings, and monthly and final reporting of findings. Their estimated time spent is approximately four hours per week from July to December. An estimated timeline for the planning phase is: July – research models, summarize in Hexagon Tools, and gain stakeholder commitments; August – hold initial stakeholder meeting; September – continue every other week meetings until model is selected; by December at the latest – presentation of results to the board.

The costs for the implementation phase are based on the FY 19 PLL application as a placeholder. We used both the awards for Rosecrance and Savanna Institute to cover all costs under one contract. Consistent with the prior project, we used staff placeholders for three therapists, one case manager, and one clinical coordinator. Final implementation costs are expected to be renegotiated once a model is selected based on the staffing structure prescribed by the model. The implementation budget also

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includes start up equipment likely needed for delivery of service (e.g., laptops, projectors, speakers, cell phones). It is our shared goal to identify a model that provides an effective intervention for families at the most effective cost.

4. *Why is projected number to be served so low for the amount requested?*

The costs as well as projected number to be served for the implementation phase are based on the FY 19 PLL application and will be renegotiated once a model is selected. The anticipated total participant number of 25 was entered as a placeholder. If the stakeholder group is able to select a model earlier in the planning phase, we may be able to move more quickly to develop the workforce to begin implementation ahead of schedule resulting in potentially a higher number to be served. However, it is known from the prior project with PLL, that workforce development and retention can be a challenge affecting program implementation. Workforce strategies will be discussed as part of the stakeholder meetings. In addition, it is anticipated that it may take some time to identify and engage families in the beginning of the implementation phase.

- If awarded funding, we would also like to request some time on the June study session agenda for the purpose of gaining input from board members on the list of models to be considered as well as the proposed stakeholder list.

Don Moyer Boys and Girls Club

CU Change

1. *How are the funds allocated for transportation used? And who is served?*

Transportation funds are used to facilitate carrying out several facets of the program. Examples of include: Youth and Family member transportation to cohort group and counseling services; Group field trips and activities; Case management related transportation costs (visits to schools, homes visits, partner agency meetings, etc.)

2. *How many youth continue in the program from the previous year? And how many are new*

Currently, we have 18 returning youth from the previous year still engaged in the program. Many youth from the previous year have relocated and/or discharged themselves from the program due to refusal to meet program participation requirements.

3. *What percentage of youth reside within C/U city limits? What percentage are from rural communities in county?*

Currently, 98% of the youth involved in the program reside in the C/U limits. 2% reside in rural areas. As a part of the program expansion into Rantoul City Schools and other

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rural areas, along with the new partnership with the Champaign County Regional Planning Commissions Juvenile Diversion Program, we anticipate an increase in referrals and participation of youth residing in rural areas.

4. *If serving rural youth, where at? And how do they get there?*

Due to the CU Change Program relying on referrals from agencies throughout Champaign County, the residency of clients in the program, relies heavily on the referrals provided by the referring agencies. At this time, the CU Change program currently serves youth from the following rural areas: Rantoul, Plano and St. Joseph. While the majority of youth referred have come from Champaign–Urbana, Don Moyer Boys & Girls Club has opened a new program site in Rantoul. Providing services in Rantoul will enhance our efforts and outcomes in recruitment and program expansion in rural areas of Champaign County. Although the data indicates that the majority of the youth participating in the program are from Champaign and to lesser degree Urbana, the program referral sources serve all areas Champaign County. We anticipate an increase in services provided in rural areas, due to our efforts.

The majority of CU Change services are offered at the clients' home, school or an area in their immediate local community. When services are provided at Don Moyer Boys & Girls Clubs sites, transportation is provided for those who need it. Particular attention is given to rural area youth/families. Transportation is also provided for additional services (i.e., counseling services, cohort groups, core programs, field trips, etc.).

5. *Unit #4 School District has two partner programs (Operation Hope and CU Goal Getters). Are there other similar programs in other districts? If so, are there plans to expand partnership?*

At this time, we do not know of any similar programs in the other districts. The CU Change program is always looking to partner and expand collaboration efforts to improve and increase opportunities for the youth and families we serve. With our expansion into Rantoul, we will be working to establish relationships with the local schools as we have in Champaign Urbana.

6. *Funds are level request (\$100k); 72% of budget from CCMHB. What efforts underway to expand source of funds?*

DMBGC has recently hired a Director of Development who will be exploring grant opportunities to support the CU Change program.

7. *What percentage of the DMBGC total agency budget comes from the CCMHB?*

The percentage of total agency budget income from CCMHB that comes to DMBGC for direct distribution to other organizations programs is 20.1%

The percentage of total agency budget income from CCMHB that is used by DMBGC for programming is 7.4%

Don Moyer Boys and Girls Club Community Coalition Summer Initiatives

1. *What grass roots agencies are likely to apply or reapply? This could include a prospective list of the agencies engaged last year who are likely to reapply.*

This funding supports a number of grass roots agencies and individuals. That is the collective impact funding from the Mental Health Board provides the community. The mix of organizations include faith based groups and individuals (i.e. Youth For Christ (Midnight Basketball), 1st String, Pilgrim Church, Sam Smith, Urbana Schools, Champaign Schools, Banks-Bridgewater-Lewis Academy, Not On My Watch Inc, etc. The Community Coalition annually invites all interested organization with creative ideas and programs to consider submitting an application.

2. *What outcomes, such as number of unduplicated youth served and demographics, will be collected to note number youth impacted and verify need as underserved?*

The required CCMHB program reporting system will be used to document numbers served, demographic data, service participation numbers, and other stipulated reporting information required by the reporting system.

3. *How does this funding help the smaller, grass roots organizations provide better services?*

This funding affords smaller agencies, organizations and individuals an opportunity to reach nontraditional youth in unique ways. It also expands significantly the number of constructive, creative and specialty program options for these identified youth. Often these summer initiatives provide that one to one support many of these youth need. It also supports smaller agencies that may not have the access to these critical resources and support the programming that is unique to the organizations and individuals.

4. *Which services extend beyond C/U to rural areas? How and where are rural youth/areas served?*

For the past two summer we have been expanding opportunities in Rantoul to help reach more rural youth. It is anticipated that will continue this summer.

5. *How does support from CCMHB strengthen the local agencies/programs abilities to support more youth?*

CCMHB support has been significant to expand to opportunity for youth, families in low income communities IN low income communities. We are able to reach more where

they are. We are also able to expand targeted activities to targeted and specifically identified groups and individuals for example boys and girls specific programming.

6. *To what extent does this funding help to create stronger partnerships among local agencies in ways that may further leverage other funding in the future?*

Often these funds have increased partnerships with larger organizations and smaller more grass roots organizations. We are better and more equipped to identify unique and specific supports for targeted youth to meet their identified needs. Through these partnerships, we can leverage partnership and pool resources to support these partnerships and programs. The CCMHB offers the flexibility to be creative to meet the needs of nontraditional youth who often need more intensive supports.

Don Moyer Boys and Girls Club CUNC

1. *How is this program separated from TRUCE in order to avoid serving the same families?*

The Champion Responders work in conjunction with the TRUCE Peace-seekers and could possibly serve the same families but in different capacities. Champions coordinate care (see detail below) for the entire family after an incident of community violence. Peaceseekers intervene and work to prevent violence, provide intensive mentoring for youth/young adults, and hold restorative circles to repair relationships and deescalate retaliatory acts of violence.

2. *Clarify the relationship between this program and TRUCE? How do Champion teams who support family victims of violence relate to Peace Seekers, who interrupt violence? Do they work together?*

The Peaceseekers and Champion Responders are part of the Community Coalition's community violence response plan. After an incident of community violence, the point of entry to our coordinated response could be a Peaceseeker, a partner organization, a neighbor, a medical provider, law enforcement, the faith community, a school, or another community partner. The model that we are piloting would have referrals come to the Champion Responder staff, who would conduct an initial screening conversation to identify needs. Once the needs are identified, a response team will be created that could be comprised of TRUCE Peaceseekers, family partners from the Alliance (Don Moyers Youth & Family and volunteer responder grant), and providers from local mental health and educational services will be mobilized. Families will also be offered a team of volunteer/community-based responders who can provide practice--practical? and other forms of support using the Skills for Psychological Recovery model. For example, a family is affected by an incident of gun violence. The family has children in school and perhaps a grandchild in an early childhood education program; there is a young adult and perhaps a grandmother. Imagine that the family needs to stay in a hotel for three days because of safety concerns. They need assistance with meals and arranging child

care; maybe the young adult is connected to a community group that is tangentially related to the incident of gun violence. These needs would be identified, and a wraparound meeting would be convened, with all the necessary support in a coordinated effort. Some of this support could come from Peaceseekers, who might already be working with the young adult, and a family partner might be available to support the grandmother. Champion Responders might work in the background to help the family locate food or find funds to give the family an opportunity for some recreational outlets; the Responder coordinator will also work with the schools and early childhood providers to coordinate the children's care. Although each plan is individualized, the model is designed to reduce the burden on a family experiencing a crisis. It also mobilizes neighbors and community volunteers to help families meet their needs efficiently and effectively.

The model also mobilizes neighbors and community members to help families meet their needs efficiently and effectively; *and* move through the crisis with the targeted support that they need. Based on previous research, when Psychological First Aid/Skills for Psychological Recovery are administered, they (a) reduce the potential risk for post-traumatic stress disorder; (b) the need for more intensive services later; and (c) promote family/community resiliency.

The Champions are part of the CU Trauma & Resiliency Initiative (CU-TRI), which provides the core training for TRUCE Peaceseekers (Healing Solutions) and others who are engaged in anti-violence work (schools, community workers, human service providers, mental health providers, and community volunteers). CU-TRI also coordinates the Community Coalition's overall community violence response plan.

3. *What is the rationale for the program moving from CUAP to DMBGC?*

The Champions are part of the CU Trauma & Resilience Initiative, which is in the process of becoming its own 501(c)(3) organization based on recommendations by potential funders and donors. DMBGC had the best infrastructure to support us during this transition, and it is best equipped to serve in this function because it has a similar arrangement with the Youth and Family Peer Support Alliance (Don Moyer's Youth and Family Services grantee).

4. *How does this proposal differ from the DMBGC Youth and Family Services?*

The proposal is differs from DMBGC in three significant ways:

(a) Champions provides short-term 12-16 weeks of intensive crisis support to families affected by gun violence . It delivers an evidence-based (Psychological First Aid and Skills for Psychological Recovery), targeted intervention that has been used with communities to help mitigate the negative effects of trauma.

(b) Champions focus on mobilizing the community to “take care of its own.” It equips community members to effectively respond to their families, neighbors, and peers. This is a proven strategy to build community resiliency.

(c) The employed wraparound model is uniquely equipped to improve cross-system collaboration to more effectively address the needs of families in crisis reducing the burden on families. The wraparound model allows for a strength based, family driven/youth guided, strength based, trauma informed and collaborative.

5. *Describe the CU-TRI collaboration and how it relates to Champions?*

The CU Trauma & Resiliency Initiative is the umbrella organization that supports the Champions’ efforts. CU TRI works to make Champaign County a trauma-informed community by:

- Educating the community about trauma
- Providing training and resources to those who work with trauma survivors by giving them the tools they need to recognize the signs and symptoms of trauma to improve the delivery services and improve outcomes for all youth and families in the community.
- Working with organizations, providers, and systems to identify policies, procedures, and practices that avoid retraumatizing those whom they serve as well as themselves.

All these strategies are recommended as best practices by SAMSHA, the National Council of Behavioral Health, and other national organizations.

The Champions originated with CU-TRI and is part of the coordination CU-TRI provides for the Community Coalitions Community Violence Response Plan and addressing the needs of families impacted by community violence as a key priority of that effort

6. *What is the justification for the increase in funding?*

As we have engaged in this work, we believe the following changes are necessary to ensure effective impact;

- Families in crisis need a consistent point of contact. We need a position working exclusively on the responder effort; volunteers as coordinators exclusively has proved to be an unreliable model.
- The funding will also allow us to broaden our team so that we can provide more immediate responses to individuals impacted by community violence. The funding will cover a full-time staff person designated to the responder effort, a part time Director, and stipends for mental health providers of color to assist with this effort.
- Given the complex needs of many of the families we work with, we need a point of contact with some mental health experience.
- As a volunteer reliant organization, we need someone to help with volunteer management, data collection, and compliance.

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The request is also designed to help us ensure that our responder efforts are culturally responsive. The funding will allow us to provide some modest financial incentives to cultural brokers who have strong connections in the community to work with our Care Teams. Community-based brokers help strengthen community connections and build the skill set of natural helpers in a way that is sustainable after our grant/or structured responses end.

7. *What efforts have been made to leverage other funds? E.g., criminal justice system, police, city, county etc? Requests made? Applications submitted?*

Our current structure has made looking for funds somewhat challenging; however, here is what has been done:

- The CU-TRI project coordinator has worked with local school districts and providers to secure funds to cover some of the training offered to the community.
- In FY2018 the Champaign County Community coalition provided a \$9,000 grant and two private donors contributed \$1,500 to the effort. We anticipate that we will receive additional funding support from the coalition in FY20 and other coalition partners.
- We have already begun to look for additional funding to support specific components of the program,
- The newly formed CU-TRI Steering Committee has made solidifying formal partnerships for more in-kind donations and other forms of support a top priority.

8. *Who are the recipients of the proposed trainings?*

- The Healing Solutions 40-Hour Training (modeled after Sexual Assault and Domestic Violence training) is a requirement for any TRUCE Peaceseekers who will serve as a volunteer with the Champion Responders effort.
- The training is open to anyone in the community, but our target audience is any providers or partners who are part of the Community Violence Response team. Previously we have had educators, social workers, counselors/mental health providers, parents, medical providers, members of the faith community, community members, individuals who work with the legal system, housing, homeless, and youth service providers.
- We offer customized and shorter training sessions for individuals who have previously attended trauma training but work with youth in a prevention, intervention, or treatment capacity.

Some of the topics included in the training are a review of trauma/trauma- informed care, best practices to support individuals, motivational interviewing, crisis planning and

support, the basics of wraparound, youth-guided and family- driven care, identifying resources/needs-based planning, cultural competency and anti-oppression, the root causes of community violence, and addressing adverse community experiences.

Through CU-TRI we offer a range of other trainings that are designed to improve providers' capacity to deliver more trauma-informed practices or better their response to the needs of those impacted by trauma, but funding for this purpose is not requested in this application.

9. *Define the outcomes from the prior 3 years under CUAP.*

FY17: Our first year of programming focused on two primary goals: (a) educating the community about trauma; and (b) improving our community's ability to respond to those who had been affected by community violence. We successfully achieved both outcomes. The Healing Strategies training reached potential volunteers, TRUCE peace seekers, and community members. Each training participant completed individual action plans and committed to personal and professional goals. These goals included talking to their family members about trauma and/or addressing their own trauma needs. Participants agreed to integrate trauma-informed practices into their programs, to create an educational program, and to conduct an educational presentation about trauma within their offices, places of worship, or community groups.

Program Data	Projected	Completed	
CSE	12	26	Trainings, events, workshops, educational activities
SC	70	118	Participants in CSE
NTPC	0	2	Fresh Start partners
TPC	0	0	N/A
Other	75	97	Participants who attended one or more sessions

FY18: The focus of this year was the expansion, growth, and foundation of infrastructure for our response effort and our trauma education efforts. Highlights were:

- We expanded our training and educational offerings as well as increased the diversity of participants. Organizations, schools, and community groups started to send teams to our Healing Solutions training. Over 90 percent of training participants rated our training as very helpful and useful.
- We worked to refine and solidify our responder and champion model by strengthening our protocol and requirements, as well as using the data we collected from working with

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families to adjust the model. We had thirty-six (36) referrals but did not have the capacity to fully and meaningfully engage all of the families who were referred to us. Because many of the referred families had issues regarding trust and safety, they required a level of engagement that was difficult for our volunteers to sustain. For example, one of the families lived in Rantoul. The staff person and volunteers had six scheduled meetings with the family for which the family members were no-shows or were late. However, the family reached out to apologize and reschedule after each missed appointment. It was understood that this is part of the process as families learn to trust us (or the responder effort). Throughout the year, we used different engagement strategies and worked with our referral sources until we developed a model that seemed to work.

FY18 Program Data	Projected	Completed	
CSE	70	64	Trainings, events, workshops, educational activities
SC	70	63	Linkage, referral, support contacts
NTPC	30	13	Projected to see 30 individuals/ worked with 13 families
TPC	0		NA
Other		350	Participants who attended a training and/or educational or community event

FY19: We do not have outcome data as of yet; however, our to-date data are listed below:

FY19 Program Data	Projected	To-Date Data	
CSE	70	45	Trainings, community events, workshops, educational activities
SC	70	48	Linkage, referral, support contacts
NTPC	30	10	Projected to see 30 individuals/ worked with 10 families
TPC	290	428	NA

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Other		350	Participants who attended a training and/or educational or community event
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10. Program served 13 in PY2018—are these family groups or individuals? What are the services, what is the model?

We provided 13 families (representing 39 individuals) with a range of individualized support:

Once a family's needs were identified, we used the *Skills for Psychological Recovery framework* to support the family in strategic and empowering ways. Families determine their needs. Some families need practical help with basic needs such as stabilizing housing, finding child care, or linking to programs and other forms of support like mental health services, legal advocacy, or crime victims' services. Some families need additional recreational and social support. Some families merely need a listening ear, support in managing their reactions to current stressors, help managing their negative and adverse thoughts, and even support to engage in positive activities.

11. How do client services relate to the planned intensive trainings of Healing Solutions (40 hours—for whom?); Mini intensive trainings (20 hours for whom?)

(See Question #8)

12. How do community healing events differ from Community Peace Circles?

Community Peace Circles offered by TRUCE are structured restorative circles for individuals and groups who are experiencing conflict (especially potential violent conflict) that happen within the targeted community.

CU-TRI is offering community-wide resiliency-building events that work to both prevent and help overcome toxic stress. These events are designed to reduce stress, build social connections, provide ways for a family to connect with each other in an attempt to restore normalcy, and reduce the impact of chronic stress. The activities offered include:

- Stress Less psycho-education tupperware-type parties for women,
- Family game/family connection days
- Resiliency Rocks! painting parties
- Summer 2019 we partner with the Housing Authority to offer events like these as part of our "Summer of Self-Care."
- Occasional community healing activities for high stressed individuals who work with families (e.g childcare providers) so to help address secondary stress and vicarious trauma so they can more effectively serve those with whom they work.

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13. *If Champion team goes to ER/hospital, what agreements are in place with Carle and OSF and how does the relationship between Rosecrance and Pavillion interact or intersect with these responses?*

This formal arrangement will be established once our funding is secure and we can make designated promises based on our protocol. We have been in conversations with the Carle staff over the past nine months; they are ready for our protocol to be formalized. The coordinator of CU-TRI will be working on solidifying these formal agreements within the first quarter after the effort is funded.

14. *Why do staff need to create a new assessment? Are there none available? What comprises the baseline assessment for wraparound services? Why not use the FAST tool developed by the National Wraparound Implementation Center which is used by DM for Youth and Family Services?*

We currently have a strength and needs assessment, but it is not fully aligned with the "Skills for Psychological Recovery" model. All the SPR model has a brief assessment tool when we have had families review it, they have said some of the questions were too invasive or worded in a way that was not culturally responsive. It is also concerning that there are not enough strengths-based questions in the tool. We believe having a more streamlined tool is better for families. We also want a tool that is easy to use for volunteers and one that does not retraumatize the families or the Champion Responders.

Further, although the FAST tool is wonderful for cross-system collaboration planning, much like the CANS tool, it is not a pure assessment tool. It is designed as a service planning tool that allows data and assessment that exist cross system to be organized in a streamlined/universal way. Our assessment data could be transferred to the FAST. However, because of the length of our interventions and our model, the FAST and other tools are not completely aligned with our needs.

15. *What other agencies provide wrap-around services—what interagency agreements have been developed?*

There are other agencies that use the *wraparound framework*, which means they engage in cross-system coordination. However, I am not currently aware of any organization that is using the *wraparound* model with fidelity which is a collaborative decision making model.

Currently, we have interagency agreements with CUAP and the Youth and Family Peer Support Alliance. At this moment, CU-TRI is developing interagency agreements with all the organizations we currently partner with. Yet, as CU-TRI is still a part of the Community Coalition, some organizations such as the school districts, CUPHD, and the

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Housing Authority have thought that the partnership agreement was "implied" because they are Coalition partners.

Don Moyer Boys and Girls Club

Youth and Family Services no questions

DREAAM House

DREAAM

1. *What plans are there, if any, to address the needs of students in Special Education?*

DREAAM House currently serves students receiving school-based Special Education services. We attempt to address their learning abilities and disabilities in the following ways.

1. We use the Universal Design for Learning framework (<http://www.cast.org/our-work/about-udl.html>) to design lessons, activities, and spaces for all learners. We take into account DREAAMers who may have ADHD or learning disabilities in our program planning.

2. Last summer, DREAAM House used City of Champaign funds to hire a Behavioral Specialist for the summer program. With more funding, I could have a year-round, part-time Behavioral Specialist in the after-school and summer programs. Having this position on staff last summer reduced behavioral issues and increased learning and more engagement in the program. All after-school programs need more quality behavioral interventions.

3. We consult with teachers regularly regarding curriculum design, behavioral management, and learning strategies to support learners with special needs.

4. We attend IEP meetings with parents and engage and problem solve with School Social Workers to build bridges between school and DREAAM House.

2. *How will CCMHB funds be used to serve rural areas?*

DREAAM House has a growing footprint in Rantoul. We will serve 7 year old this coming summer (also will serve 5 - 6 years old boys in Rantoul through United Way funding). In addition, DREAAM House has a physical activity program called Sports+More that could easily serve rural areas through short-term, targeted efforts. I would like to note that last summer an African American family from Mahomet drove their son to the DREAAM Summer Program each day for six weeks. Families in rural areas do want to engage in DREAAM House. An increase in funding will allow that to happen more consistently.

Mahomet Area Youth Club MAYC Members Matter!

1. *How many children/youth with an intellectual disability/developmental disability does the program serve?*

Mahomet Area Youth Club's Members Matter! Program serves nearly 150 youth annually through an after school program at the Junior High and out of school programs for ages 6-17. We currently do not collect disability information from the

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youth and families we serve and the school privacy policies will not allow for this type of sharing of data. MAYC does plan to update the registration form to capture this information for these programs moving forward.

However, we can deduce that if 13% of youth attending Mahomet-Seymour Community School District have either an IEP or a 504 plan, that at least this same percentage (or 20) of the youth that are served through MAYC Members Matter! also have disabilities. We actually believe the percentage and numbers for youth with disabilities who attend MAYC programs is higher and look forward to having this data to support our efforts and will report in this next grant cycle.

NAMI Champaign County Illinois NAMI Champaign Grant App

1. *Would you consider a more focused effort to reach rural residents? And underserved minorities?*

We welcome a more focused effort to reach rural residents and underserved minorities. Currently, in our Family-to-Family signature program, we have a male participant from Potomac who learned about our program from our instructor who lives in Potomac. We have had participants from Westville, Mattoon, Rantoul, and other rural areas as well. They have often reported that they like to travel away from their hometown because they do not want their neighbors to know their loved one has a mental health issue. We hope through the continuation of our programs and our efforts to combat stigma, we will be able to strengthen our reach in rural communities.

In regards to minorities and underserved populations, we currently have 50% of our Family-to-Family participants who acknowledge they are from an underserved population by joining NAMI at the \$5/per person "Open Door" membership level instead of \$40/per person or \$60/per family regular membership level. Additionally, as an organizational whole, we strive to be culturally inclusive and are developing strategies to increase minority membership and awareness of our services, and decrease stigma regarding mental health within minority populations as well.

2. *Where would you serve rural residents? And underserved minorities?*

In our Signature program it is best to have 10-15 different families in attendance, requiring a large meeting area. We currently use the Colony West Community Room for free. Through the building of strategic partnerships and relationships with other community-based organizations in Champaign County, we hope to find other areas to host meetings and groups to include rural areas and minority/underserved populations such as local churches, libraries, community centers, businesses, etc. Grant funds from the CCMHB will help us streamline these efforts by hiring personnel to coordinate and provide direction in this regard.

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1. *Have you considered any other locations more accessible to youth other than the University YMCA?*

This is a conversation we've been having for some time, and there are a variety of challenges in finding a suitable location. We know LGBTQ+ friendly organizations that would provide space, but are in buildings that are not ADA accessible. We need to ensure that the youth can use the restroom of their gender identity, a requirement that not all locations will accommodate. There are many open-plan community spaces (the libraries, for instance) that do not offer the privacy or confidentiality we need to provide for youth that are not yet out to their families or communities. We did hear the recommendation of requesting space from a house of worship, but we hesitate because religion is still often used to silence or traumatize LGBTQ+ individuals. That association may be particularly strong for youth that travel in from outside Champaign-Urbana.

We would like to note that the University YMCA does have the benefit of being along major bus routes, aiding in access, although we recognize that driving there can be frustrating. We will continue to revisit the idea of identifying a new, appropriate space for the youth group from time to time.

Urbana Neighborhood Connections Center Community Study Center

1. *Does UNCC have agreements to reduce duplication of children/youth served? Or to refer children/youth to other services as appropriate?*

UNCC has an agreement in place with Rosecrance for referring youth to additional services related to prevention and/or intervention for substance use and mental health supports.

Though no formal agreement; UNCC continues to maintain a direct linkage and referral to mental health supports rendered through Urbana School District via the school based health center, Hope Springs and service providers that are contracted with the district.

UCP Land of Lincoln Vocational Training and Support

1. *How will you expand number served, if not meeting the current goals?*

UCP is exceeding the number of people served in FY19 - the annual target for 2019 number of people served (TPC's) is 30. After 3 quarters in FY19, UCP has reported that it has provided services to 36 people (information can be found in 1st, 2nd and 3rd Quarterly Reports). This is over the projected amount and there are 2 months left in the 4th quarter. UCP is projecting that in FY20, 50 people will be served under this program – we expect that at least 20 individuals will be continuing clients and that UCP will serve 30 new clients.

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2. *Do working agreements exist with other providers?*

UCP has a formal community partnership agreement with CCRPC in place and has several informal working agreements with other agencies like Rosecrance, Goodwill and Community Choices. UCP has seen an increase of referrals from Rosecrance and Goodwill during the past year.

3. *Why no audit?*

The organization experienced some significant setbacks over the past year in our financial department. UCP lost its very experienced CFO and was not able to fill the position immediately and had a complete turnover of the accounting department. Eventually the CFO position was filled by a business manager, however, she did not have the skill set to complete items for our auditors and our Board Treasurer got involved and helped finish the audit process. When the audit was complete and given to us, it was missing some supplementary financial information required by the CCMHB/DDB. The auditors and our financial department are currently working on getting these documents completed. Thankfully, we have hired a new business manager and are contracting with our previous CFO to assist with these items.

4. *To what extent are underrepresented minority populations served by the program?*

All of the individuals served by the program are members of the population that are underserved or under-represented and at risk. UCP is currently working with 6 individuals who are 60 and over and 6 individuals who live in rural areas. UCP plans to reach out to The Up Center and participate in their annual Pridefest and vendor fair in the fall to promote the vocational program and its services.

Mark Driscoll

From: Chris Ward <cward@co.champaign.il.us>
Sent: Tuesday, April 16, 2019 10:26 PM
To: Mark Driscoll
Cc: Lisa M. Benson; Ramona Rollins; Elizabeth Murphy
Subject: 2020 MHB/DD RPC Grant Applications

Hi Mark,

In reviewing the summaries of our 2020 MHB/DD grant applications, we noticed that benefit time was described as covered by the Illinois DCEO approved indirect rate applied to direct salaries and listed under the Occupancy line of our applications. I wanted to clarify that only overhead costs are covered by the 45% indirect rate.

Benefit time for Community Services programs is covered by our Fund 075 approved fringe rate of 47%. This rate is budgeted between the Payroll Taxes and Benefits lines for these applications. All Community Services fringe costs (paid time off, payroll taxes, health insurance, etc.) are charged to a separate fringe benefit pool department.

Additionally, the Head Start applications use 85% of labor charged to the grant to calculate the 45% indirect or Occupancy line budget. This is because in Fund 104 Head Start departments, all fringes including paid time off are charged directly to individual departments as established under the federal Head Start program. Paid time off on average is 15% of all labor.

I wanted to provide a correction to the summary description of the indirect cost component and also provide additional background for the Community Services and Head Start direct labor bases used for indirect cost calculations in the event that Board members have questions on these items as they review our applications. The resulting budgeted expenditures for indirect and fringe costs for all our applications are equitable. We are happy to provide additional information, should that be helpful during the review process.

Thanks Mark.

CHRIS WARD

Fiscal Manager

Champaign County Regional Planning Commission
1776 E. Washington St, Urbana, IL 61802
P 217.328.3313 | CCRPC.ORG



PEOPLE. POSSIBILITIES.

Mark Driscoll

From: Mark Driscoll <mark@ccmhb.org>
Sent: Wednesday, April 17, 2019 11:20 AM
To: 'Lynn Canfield'
Cc: 'Claudia Lennhoff'; Shandra Summerville (shandra@ccmhb.org)
Subject: RE: Howdy! And a question for you regarding tonight's CCMHB meeting

The statement Claudia has provided is a clarification of staff analysis. As such, it can be included as part of the packet for the May 15th study session. Other than that, I have nothing else to add. Mark

-----Original Message-----

From: Lynn Canfield <lynn@ccmhb.org>
Sent: Wednesday, April 17, 2019 10:53 AM
To: 'Mark Driscoll' <mark@ccmhb.org>
Cc: 'Claudia Lennhoff' <claudia@shout.net>
Subject: FW: Howdy! And a question for you regarding tonight's CCMHB meeting

I'm going to let Mark help with this one...

- 1) public participation should probably not include comments from agencies about applications
- 2) board will ask questions but those should be answered in writing (probably by May 1) and those written answers will be shared with the board members and in the May 15 board packet.

-----Original Message-----

From: Claudia Lennhoff <claudia@shout.net>
Sent: Wednesday, April 17, 2019 8:35 AM
To: Lynn Canfield (lynn@ccmhb.org) <lynn@ccmhb.org>
Subject: Howdy! And a question for you regarding tonight's CCMHB meeting

Hi Lynn,

I hope you are doing well.

I am new to the CCMHB application process, so I had a couple of questions for you regarding tonight's CCMHB meeting:

- 1) Is it customary for applicants to make statements during public participation? As a new applicant, should I plan to say something?
- 2) Do Board and Staff ask questions of the applicants during these meetings? I understand that they will discuss among themselves, but I didn't know if they might be asking questions directly of the applicants.

Also, I don't think there is an error in our summaries, but I wasn't sure if this needed to be clarified:

Under Agency Cultural and Linguistic Competence, there is a sentence that says that we will "...work to build a diverse board of directors and workforce."

This is always a goal of ours and I believe it was in the CLC section of the application that I filled out, but I am concerned that the wording of it might give someone the impression that we are not diverse and we need to work toward diversity.

Our board and staff are very diverse in terms of race/ethnicity, gender, but also in terms of disability, education, geography within the county, language, age, and immigration statuses.

Our staff are:

- 4 women and 2 men
- 2 African Americans
- 2 Latino/a
- 1 immigrant
- and 3 of our 6 staff members are bilingual in English/Spanish

Our board is similarly diverse.

Anyway, I guess I'm asking for your advice about whether or not this needs to be clarified, and also about the questions above.

Thank you for any guidance you can offer!

Take care and see you tonight.

Claudia

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Claudia Lennhoff, Executive Director
Champaign County Health Care Consumers (CCHCC)
44 E. Main Street, Suite 208
Champaign, IL 61820

Phone: 217/352-6533, ext. 6501
Fax: 217/352-9745
E-Mail: claudia@shout.net

Web: <http://www.healthcareconsumers.org>

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Mark Driscoll

From: Lynn Canfield <lynn@ccmhb.org>
Sent: Wednesday, April 10, 2019 2:59 PM
To: 'Mark Driscoll'; shandra@ccmhb.org
Subject: FW: program summary

From: Andy K <evergreen3069@yahoo.com>
Sent: Wednesday, April 10, 2019 2:29 PM
To: Lynn Canfield <lynn@ccmhb.org>
Subject: program summary

Hi Lynn,

In the agency CLC plan section of the summary it states that we have an updated list of interpreters for clients. We do not have that at this point, but it is part of our CLC plan for PY20. Just wanted to clarify. Have a good week and see you next Wed.

Andy K.
CSCNCC

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DRAFT OF DECISION MEMORANDUM

DATE: May 15, 2019
TO: Members, Champaign County Mental Health Board
FROM: Lynn Canfield, Mark Driscoll
SUBJECT: STAFF RECOMMENDATIONS FOR PY20 FUNDING

Purpose:

For the consideration of the Champaign County Mental Health Board (CCMHB), this memorandum presents staff recommendations for funding for the Program Year (PY) 2020 contract year (July 1, 2019 through June 30, 2020.) Decision authority rests with the CCMHB and their sole discretion and judgment concerning the most appropriate use of available dollars based on assessment of community needs, best value, alignment with decision support criteria, pricing and affordability, and reasonable distribution of funds across disability type and service intensity.

Statutory Authority:

The Champaign County Mental Health Board (CCMHB) policies on funding are predicated on the requirements of the Illinois Community Mental Health Act (405 ILCS 20 / Section 0.1 et. seq.) All funds are allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The recommendations included in this memorandum are based on our assessment of how closely applications align with statutory mandates, CCMHB funding policies, approved decision support criteria and priorities, and Board discussion. Best and Final Offers may be sought as part of the negotiation process for authorized PY20 contracts. The CCMHB reserves the right to refrain from making an award when such action is deemed to be in the best interest of the county.

Background and Policy Considerations:

A portion of funding allocation decisions for PY20 is driven by the Intergovernmental Agreement with the Champaign County Developmental Disabilities Board (CCDDB), Memoranda of Understanding, collaborations, and previous actions taken by the CCMHB which commit funding for specific purposes predicated by established Board priorities. These are incorporated in the final allocation recommendations:

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

To better serve adults with criminal justice system involvement who also have serious and persistent mental illness, substance use disorders, and/or intellectual/developmental disabilities, proposals offer a range of services, including: case managers in the Champaign County Jail and accessible to law enforcement in the community; peer support; access to treatment for Drug Court clients; Moral Reconciliation Therapy (MRT) and anger management group therapy; crisis line and crisis team; and assistance with enrollment in health insurance and other benefits. The CCMHB has a longstanding commitment to three programs offering support to victims of crime: Champaign County Children's Advocacy Center; Courage Connection; and Rape Advocacy Counseling and Education Services.

In recent years, youth involved with the juvenile justice system were served through Parenting with Love and Limits (PLL), an evidence-based program with clinical supervision and outcome evaluation, and the Youth Assessment Center, selected by the Quarter Cent Administrative Team to address the service needs of youth with behavioral health and juvenile justice/law enforcement involvement. PLL services ended on December 31, 2018. The Youth Assessment Center is primarily funded by the County's Quarter Cent for Juvenile Justice fund, monitored by a multi-system advisory council.

Recommendations for PY20 funding are primarily for continuing services and supports for people with a range of needs and criminal justice system involvement. No application was related to development of a crisis/triage center, which might offer stabilization services as well as peer supports, and this is likely due to the need for substantial investments from other partners/sectors.

- Innovative Practices and Access to Behavioral Health Services

This category promotes access and availability of behavioral health services and supports with a focus on wellness and recovery. Applications considered under this proposal are a mix of existing programs and new proposals supporting access to care, prevention, peer support, and employment and housing supports. HHS Secretary Azar has acknowledged the value of social determinants of behavioral health but not yet established federal/state funding mechanisms. Population health efforts, including on the 'diseases of despair' and social determinants, may help us understand the vulnerabilities of specific groups of people and best ways to support their wellness/recovery, e.g., through peer supports, with relationship building and anti-stigma education.

- Champaign Community Coalition.

This collaborative effort includes leadership from Champaign County, the City of Urbana, the City of Champaign, the University of Illinois, Champaign Public Schools, Urbana Public Schools, the States' Attorney, Champaign Chief of Police, Urbana Chief of Police, University of Illinois Chief of Police, Champaign County Sheriff, Champaign Urbana Public Health District, United Way, Urbana Park District, Champaign Park District, the Champaign County Developmental Disabilities Board, and the Champaign County Mental Health Board. Formed to serve as the System of Care for Champaign County, the Coalition

has been a focus for sustaining and building youth-guided, family-driven, justice and trauma informed services and programs.

Some programs recommended for funding align with Board priorities for System of Care, Behavioral Health Supports for those with Justice Involvement, or both, relying on coordinated community efforts. Champaign County's Youth Assessment Center was designed to offer a point of entry to services. The Youth and Family Peer Support Alliance supports the youth/family voice. Several prevention and positive youth development programs, whether summer initiatives or year round academic enrichment or other support, are highlighted. Efforts to interrupt and reduce the impact of community/gun violence are associated with the Coalition's Trauma and Resiliency and CU Fresh Start Initiatives.

Two years ago, the CCMHB added early childhood programs to the System of Care priority, in recognition of the needs of the youngest members of the community, for whom care for the family can be bridged. Providers, active in the Coalition network and other collaborative entities, incorporate trauma-informed care and build resiliency.

- Intergovernmental Agreement and Commitment to I/DD Services and Supports.
The Intergovernmental Agreement (IGA) with the CCDDDB requires integrated planning concerning Intellectual and Developmental Disabilities (I/DD) allocation decisions and includes a specific CCMHB set-aside commitment that for the PY20 contract year totals \$666,750. In addition to the annual allocation decisions, the Boards share a commitment to Community Integrated Living Arrangement (CILA) Expansion, which has enabled the purchase, improvement, and maintenance of two small group homes in the community, consistent with the terms of the Ligas Consent Decree and Olmstead decision of the Americans with Disabilities Act. The agreement was modified February 20, 2019 by both Boards, in order to pay off the mortgage. For PY20, agency contracts related to DD services, and for future Program Years, the total allocation amount available will be adjusted by amounts required for CILA operation, which will vary after CCDDDB contributions equal those of the CCMHB. The total CCMHB funding for I/DD increases by an amount equal to the Board's current fiscal year property tax levy extension.

Program Year 2020 CCMHB Priorities:

As an informed purchaser of service, the CCMHB considers best value and local concerns when allocating funds. Board discussions have touched on the need for a balance of health promotion, prevention, wellness recovery supports, early interventions, effective treatments, and crisis services, along with equitable access across ages, races, and neighborhoods. Input from Champaign County residents who have behavioral health conditions or I/DD and who seek or use services was sought through online surveys early in 2018. They identify barriers to service as: limited provider capacity, limited ability to pay, transportation issues, available services hard to figure out/not well coordinated, belief that the service or provider will not be helpful, and stigma about the condition. While these concerns are not unique to our County, they can be addressed through Board/staff activities and funded agencies.

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Priority – Behavioral Health Supports for People with Justice System Involvement

The CCMHB has a commitment to making community-based behavioral health supports available to people who have mental illness and/or substance use disorders and involvement with the criminal justice system. Local government, law enforcement, service providers, and stakeholders continue to collaborate and have made progress in: data collection and analysis; brief screening, case management, and benefits enrollment for those in jail; and coordinated supports for people in reentry. These resonate with recommendations of the County's Racial Justice Task Force.

Shared goals of the collaborations are: avoiding and reducing unnecessary incarceration and hospitalization through crisis stabilization; improved access to treatments that work; redirecting people to effective supports and services; and keeping them engaged. A two-year collaboration funded by the US Department of Justice and the CCMHB resulted in recommendations to: strengthen the system (see also Innovative Practices priority below), create a coordinating council; make a case manager available to people served by the Public Defender's office; and continue to explore feasibility of a 24 hour 'crisis center' or appropriate alternative, such as coordinated crisis interventions across the community.

In PY2020, the CCMHB will support programs addressing the needs of *survivors of violence*, *youth* who have a risk of juvenile justice involvement or are in re-entry, and *adults* who have a risk of incarceration or are in re-entry. Trauma-informed practice is appropriate for each group of people, and program focus may range from decreasing the risk of involvement to providing support for re-entry. Examples:

- *benefits enrollment*, increasing people's access to services;
- *coordination and 'warm hand-off'* from jail to community or detox to community;
- *peer mentoring and support*;
- intensive or targeted *case management*;
- *juvenile justice diversion services* which are evidence-based, evidence-informed, promising, recommended, or innovative; may include counseling for youth and families and other juvenile delinquency *prevention/intervention* (coordinated with and appropriate to System of Care priority below);
- *counseling and crisis support* specific to victims/survivors of violence or abuse;
- enhanced *crisis response*, including access to detox and crisis stabilization, possibly through a crisis/triage/assessment center;
- support for *specialty courts*.

Priority – Innovative Practices and Access to Behavioral Health Services

The Behavioral Health/Justice Involvement priority is meant to correct the uncoordinated system in which people in crisis end up in jails, emergency departments, homeless shelters, churches, and public facilities rather than in appropriate care. Across the country, this has been the result of an underdeveloped and underfunded community-based behavioral health system.

Another response is support for access to core services and alternatives to core services, with innovations that are not otherwise funded. Programs may overlap with the above priority, especially in regard to those in crisis.

While advocating for large scale system improvements: *improve access to services* which are billable to public or private insurance; *increase enrollment in health plans*, private or public, as

uninsured rates have risen again; identify non-billable services which would *narrow the gaps* in the behavioral health system; *pilot innovative approaches* to improve outcomes for people.

Examples:

- *wellness and recovery supports*;
- greater access to *Medication Assisted Treatment* and other recommended clinical responses to opioid addiction and risk, such as cognitive behavioral therapy for pain management, etc.;
- *expanded access to psychiatric care* and other health services;
- *peer support* networks and mentoring, including certified peer support specialists;
- intensive or specialized *case management*;
- *benefits counseling*, such as “SSI/SSDI Outreach, Access, and Recovery” (SOAR), and ‘system’ navigation;
- supports/services for people who have behavioral health conditions and are using *emergency shelters*;
- *employment supports*, including job coaching, development, and paid internships;
- *community living supports*, including for housing;
- *caregiver supports*;
- *self-advocacy and self-determination*, through which people control their service plans, resulting in the most effective supports for them.

Priority – System of Care for Children, Youth, Families

The CCMHB has focused on youth with serious emotional disturbance and multi-system involvement since 2001. Evidence-based practices were implemented to reduce recidivism among those with juvenile justice involvement. A System of Care was cultivated and now sustained by the Champaign Community Coalition, with a commitment to trauma-informed, family-driven, youth-guided, and culturally responsive youth serving systems. The CCMHB has also funded programs for very young children, including early identification, intervention, and prevention. Services for children and youth can maximize their social/emotional success. Early childhood providers have collaborated effectively and now serve as an example for communities across the country. Recognizing the roles of Adverse Childhood Experiences and the social determinants of health, trauma-informed systems build resilience and reduce the impact of trauma, including exposure to violence. A strong System of Care benefits individuals and families and can have a high return on investment, disrupting poverty and driving economic development for the entire community. Examples:

- *Supports and services focused on children and youth* and incorporating System of Care principles;
- *Programs of value to the Champaign Community Coalition*, a collaboration which includes representatives of local government, funders, education, park districts, law enforcement, juvenile justice, behavioral health, youth, families, neighborhoods, faith community, public health, and healthcare;
- *Juvenile justice diversion services* for young people impacted by trauma and/or a mental, behavioral, or emotional disorder, and with multiple system involvement; services may be evidence-based or innovative, to improve outcomes for those youth and their families; (also appropriate to Justice Involvement priority, above)
- *Family-driven and youth-guided organizations*, acknowledging the role of peer support, coordination, and planning of the system;

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- *Early identification, prevention, and intervention services for children from birth through high school, including those which keep children excited about learning.*

Priority - Collaboration with the Champaign County Developmental Disabilities Board

The Intergovernmental Agreement between the CCMHB and the Champaign County Developmental Disabilities Board (CCDDDB) defines the PY2020 allocation amount for developmental disabilities programs and sets an expectation for integrated planning by the Boards. Applications should explain how services – across levels of intensity of support - are as self-determined and integrated as possible, consistent with state and federal standards and regulations, including Illinois Department of Human Services rules, Home and Community Based Services, Workforce Innovation and Opportunity Act, and United States Department of Justice ADA and Olmstead decisions. In the most self-determined, integrated system:

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

Providers and parents confirm the impact of the shortage of direct support professionals and respite workers. Nationally only 11% of people with I/DD rely on agency service providers, with the majority of care coming from family, friends, and community. To make matters worse, Illinois consistently ranks among the worst states in the nation in various measures of its investments in I/DD services. Parent and self-advocate networks energize and inform the system of supports, understanding of service preferences, and community awareness.

Overarching Priorities:

Underserved/Underrepresented Populations and Countywide Access

Programs should promote access for underserved /underrepresented populations as identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity and according to the federal Substance Abuse and Mental Health Services Administration (SAMHSA). A Cultural and Linguistic Competence Plan (CLCP) is required of each applicant organization, and the online application system includes a CLCP form aligned with requirements of Illinois Department of Human Services. The form has been modified so that an agency may include activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) Applications should address earlier, more accurate identification in underrepresented populations, as well as reduction of racial disparities in the utilization of services which are mirrored by overrepresentation in justice systems and a disproportionate trauma impact. Members of underserved populations and people living in rural areas should have the opportunity to use quality services; engagement strategies should be identified. With rising rates of suicide, depression, and addiction in farming communities across the country, effective supports must be available to Champaign County's rural residents.

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Inclusion and Anti-Stigma

Applications should describe how the proposed service or support increases inclusion or reduces the stigma associated with behavioral health disorders or intellectual and/or developmental disabilities. Stigma limits people's participation in their communities, inhibits economic self-sufficiency, and increases personal vulnerability. It is likely the main cause of decreased State and Federal support for effective treatments. Stigma harms communities and individuals. It can be especially harmful to people who are underserved or underrepresented due to sexuality, gender, race, ethnicity, immigrant/refugee/asylee status, preferred or first language, or disability. People are most safe when they have regular connections to others in their community, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation activities, or other social networks. Community involvement also helps decrease stigma. Young adults are at risk due not only to brain development and pressure to perform in school but also to fear of being exposed as having a behavioral health condition. Nationally, increases in farmer suicide and opioid/other addiction require that we improve awareness and work through stigma in communities where traditional services are lacking and may be less effective. The CCMHB has an interest in creative approaches to building resilience, increasing community awareness, promoting inclusion and respect, and challenging negative attitudes and discriminatory practices.

Outcomes

Each application will identify measures of access for people seeking to participate in the proposed program and outcomes expected to result from this participation. Because defining and measuring valuable outcomes can be a challenge, the Board offers support to agencies through a research team from University of Illinois at Urbana Champaign's Department of Psychology. This support includes training and technical assistance on 'theory of change' logic modeling, an 'outcome bank', and a template for reporting. Agencies using these resources may gain an advantage when competing for other funding, in an increasingly competitive funding environment. Those reporting on outcomes to other funders may choose to include those outcomes, if relevant, in their application for CCMHB funding. Outcomes reflect what people want, as well as demonstrate a program's successes.

Coordinated System

Applications should address awareness of other possible resources for people and how they might be linked. Examples include collaboration with other providers and stakeholders (schools, support groups, hospitals, advocates, etc.), a commitment to updating information in any resource directories and databases, and participation in trainings or workshops or council meetings with other providers of similar services. Written working agreements should include details of coordinated services, referral relationships, and other partnerships between providers; applications for funding should acknowledge these relationships. Collaboration may also be captured in a joint application submitted by two or more agencies and proposing services and supports consistent with their shared mission. Shared infrastructure (physical, data systems, professional services, etc.) can support organizations' common goals, reducing indirect costs, reporting on shared outcomes, etc.

Budget and Program Connectedness

Applications will include a completed Budget Narrative section, explaining the relationship between anticipated costs and program components. Clarity about what the Board is buying will

include details about the relevance of all expenses, including all indirect costs. Per the Board's approved Funding Guidelines, calculation and rationale should be explicit as to the relationship between each expense and the value of the proposed program. Programs which offer services billable to Medicaid should identify non-billable activities and the associated costs to be charged to the CCMHB. While CCMHB funds should not pay for service activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability.

Secondary Decision Support and Priority Criteria:

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

1. Approach/Methods/Innovation: Cite the relevant recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet defined community need, clearly describe the innovative approach, including method of evaluation, to be considered.
2. Evidence of Collaboration: Identify collaborative efforts with other organizations with similar missions, toward a more efficient, effective, inclusive system.
3. Staff Credentials: Highlight staff credentials and/or specialized training.
4. Resource Leveraging: While leveraging is strictly interpreted as local match for other grant funding, describe all approaches which amplify CCMHB resources: state, federal, and other local funding; volunteer or student support; community collaborations. If CCMHB funds are to be used to meet a match requirement, the funder requiring local match must be referenced and the amount required identified in the Budget Narrative. *The CCMHB itself is often not eligible to apply directly for federal or state funding but actively encourages and assists eligible entities in identifying and pursuing these opportunities.*

Process Considerations:

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for funding. They are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCMHB funds, applications must reflect the Board's stated goals, objectives, operating principles, and public policy positions; downloadable versions of these Board documents are available on the public page of the online application system, at <http://ccmhddbrds.org>. Final decisions rest with the CCMHB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across disability areas, and alignment with decision support criteria.

The CCMHB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of service and support needs of people who have mental health conditions, substance use disorders, and/or intellectual/developmental disabilities. The nature and scope of applications may vary widely and may include prevention and early intervention models. A numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of its most vulnerable members, and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB. In the event that applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCMHB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities. The CCMHB may also choose to identify requests, including for capital and infrastructure projects, which are appropriate for an award of funding to be issued during the Program Year 2020 but later than July 1, 2019, in the event of greater than expected Board revenue.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCMHB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and, at the discretion of staff, may be disqualified from consideration.
- Letters of support for applications are discouraged and, if submitted, will not be considered as part of the allocation and selection process. Written working agreements with other agencies providing similar services will be referenced in the application and available for review upon CCMHB request.
- The CCMHB retains the right to accept or reject any application or to refrain from making an award, when such action is deemed to be in the best interest of the CCMHB.
- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of the CCMHB.
- Applications and submissions become the property of the CCMHB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of the award of a contract.

- The execution of final contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of the CCMHB.
- The CCMHB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- All proposals considered must be complete and received on time and must be responsive to the application instructions. Late or incomplete applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCMHB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCMHB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected, and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCMHB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCMHB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- During and subsequent to its application review process, the Board may deem some programs as appropriate for two-year contracts.

Contract Negotiation Considerations

Many recommendations in the decision section of this memorandum are provisional, with funding contingent on the completion of successful contract negotiation, revision, and/or inclusion of special provisions. This can include significant modification of the budget, program plan, and personnel matrix in order to align a contract more closely with CCMHB planning, budget, and policy specifications. If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information shall result in cancellation of the contract award.

Special Notification Concerning PY20 Awards

The recommendations in this decision memorandum are based on revenue estimates which will not be finalized until the CCMHB budget is approved by the Champaign County Board in November 2019. For this reason, all PY20 CCMHB contracts shall be subject to possible reductions in contract maximums necessary to compensate for any CCMHB revenue shortfall. These reductions shall be documented by contract amendment at the discretion of the CCMHB executive director with every effort made to maintain the viability and integrity of prioritized contracts. The PY20 contract boilerplate shall also include the following provision:

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

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

Recommended Actions:

Approved CCMHB funding has gone from \$3,189,290 in PY12 to \$4,201,929 in PY19. For three years, increased funding for allocations resulted from greater than anticipated revenues and reductions in CCMHB administrative costs. Other unusual circumstances, including possible state property tax freeze and final decision on the hospital property tax issue, could impact the CCMHB’s revenues. Projections will be reevaluated and adjusted in response to these or any property tax adjustments resulting from changing economic conditions. The recommendations presented here are based on an early projection of 2020 revenues, which incorporates a more modest levy increase than in recent years. Total amount of recommended awards for PY20 is \$4,537,151, an increase of \$335,222 over the amount awarded for PY19.

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

Forty-one applications were related to mental health or substance use disorders. These requests total **\$4,207,518**. A breakout of amounts by priority finds:

Behavioral Health Supports for People with Justice Involvement	\$1,032,937
Innovative Practices and Access to Behavioral Health	\$1,528,524
System of Care for Children, Youth, Families	\$1,646,057

Another 20 applications for funding for I/DD supports and services were submitted for consideration by the CCMHB and the Champaign County Developmental Disabilities Board (CCDDB). These requests total **\$4,444,397** and have been evaluated by the CCDDB and staff. Based on current estimates of 2019 tax revenue, the CCMHB’s obligation to I/DD services is **\$666,750**. Recommendations are described under the CCMHB Intellectual and Developmental Disabilities (Collaboration with the CCDDB) priority.

Behavioral Health Supports for People with Justice Involvement SUBTOTAL \$945,847

CCRPC – Community Services Justice Diversion Program \$75,308

- *Request is for \$75,308, an increase of 16% over PY19 award of \$65,074.*
- *For individuals/families with police contact related to crisis call or domestic offense, provides case management and other support services based on assessed need. Service area limited to Rantoul. Coordinates with Rantoul Police Department, convenes Rantoul Service Providers Group to coordinate services and address gaps.*

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- *CCMHB funds are 89% of program revenue; increased request offsets where CCRPC is not allocating CSBG funds.*
- *Revisions: financial forms; Consumer Outcomes to be strengthened.*
- *Special provisions: retain PY19 contract provisions, as appropriate; fourth quarter financial reports will be used to determine whether excess revenue is due to the Board.*

CCRPC – Community Services Youth Assessment Center (YAC)* \$76,350

- *Request is for \$87,040, an increase of 14% over PY19 award of \$76,350.*
- *YAC intended to serve as primary point of entry for youth experiencing behavioral issues/police contact with referral to community resources. Assessment determines level of engagement/case management, linkage and referral supports. Services provided at YAC and other locations, primarily CCRPC offices. Presence at Community Service Center of Northern Champaign County and as needed through rural schools.*
- *CCMHB funds services for youth with multiple contact with law enforcement and their families. Open to referrals from schools, providers, families but underutilized by these groups, with 90% of referrals from law enforcement.*
- *Increased access to services planned for 2019: Moral Reconciliation Therapy for Youth by YAC trained staff; U of I Childhood Adversities and Resilience Services Clinic.*
- *Consumer Outcomes are well done, with access (the time from referral to assessment can be up to 3 weeks) the only concern.*
- *No CCMHB funds are allocated to Specific Assistance to aid families to access services, such cost being a potential barrier. If awarded full request, some of the \$10,690 increase should be allocated to Specific Assistance. CCMHB funds are 22% of total YAC revenue, with Champaign County providing 61%. For PY20, CSBG funds allocated by CCRPC are increased.*
- *Revisions: financial forms; also, possible impact of federal re-entry funds.*
- *Special provisions: retain PY19 contract provisions, as appropriate; coordinate with CU Neighborhood Champions, if both are funded; fourth quarter financial reports will be used to determine whether excess revenue is due to the Board.*

Champaign Co. CAC Children's Advocacy Center \$52,754

- *Request is for \$52,754, an increase of 10% over PY19 award of \$47,754.*
- *Serves children/youth alleged victims of sexual abuse and/or severe physical abuse. Agency coordinates multi-disciplinary team meetings and forensic interview of alleged victims. Program provides case management, crisis counseling, and other support services to child/youth and non-offending family members.*
- *Agency/Program has been supported by CCMHB since almost its inception; agency is accredited by the National Children's Alliance.*
- *Outcomes are improved over PY19; program is utilizing Program Evaluation Team Consultation bank for assistance with logic model to develop outcomes.*
- *CCMHB funding is 16% of total program revenue and support administration, case management, and crisis counseling; requested increase is to support increased access to contracted crisis counselors trained in trauma focused cognitive behavioral therapy.*
- *Special provisions: retain PY19 contract provisions, as appropriate; fourth quarter financial reports will be used to determine whether excess revenue is due to the Board.*

Champaign Co. Health Care Cons Justice Involved CHW Services & Ben^ \$54,775 new

- Request is for \$54,775, a new proposal for services funded for several years under subcontract through Rosecrance Crisis, Access, and Benefits contract.
- Serves adults reentering the community, primarily exiting the Champaign County Jail. Provides benefit case management, assisting with enrolling and maintaining health insurance coverage, and other benefit plans. Existing relationships with other reentry providers/criminal justice system anticipated to facilitate smooth transition from subcontracted service to independent provider.
- Outcome measures are sufficient to measure impact of proposed services.
- CCMHB funding is 57% of total program revenue.
- Revisions: financial forms; revisit transportation and audit expenses; specify presence in Rantoul and linkage with CCRPC JSD Case Manager.
- Special Provisions: midyear progress report/presentation to Board.

Family Service Counseling \$30,000

- Request is for \$30,000, an increase of 20% over PY19 award of \$25,000.
- Long standing contract serving uninsured adults, couples, and families. Drug Court clients are a priority population for the program. Part-time therapists provide individual, couples and family counseling services. Office based services includes evening hours for greater access.
- Program is pursuing certification as a Medicaid provider – staff training is remaining step; until certified, program will continue to refer Medicaid clients to other providers.
- Outcome, measurement/evaluation tool, and performance target are clearly identified.
- CCMHB funds are 47% of total program revenue.
- Revisions: expense form.
- Special provisions: retain PY19 contract provisions, as appropriate.

First Followers Peer Mentoring for Re-entry \$70,000

- Request is for \$146,400, an increase of 109% over PY19 award of \$70,000.
- Serves previously incarcerated adults on parole or adults and juveniles on probation. Continues peer support at drop-in center using peer mentors, family support, anti-stigma effort targeted to employers, and workforce development course. Proposes two new activities, Transitional Housing and Project Coordination. Transitional Housing is described in Services section but not supported elsewhere in the program narrative and lacks accountability.
- CCMHB funding is 57% of total program revenue but does not align with total program expense, which shows a surplus.
- Revisions: Revenue, Expense, and Personnel Forms; elements of Outcomes section.
- Special provisions: retain PY19 contract provisions, as appropriate; utilize technical assistance from Program Evaluation Team; pursue membership in Continuum of Service Providers to the Homeless; develop CLC Plan with support from CCMHB staff.
- Recommend to submit Housing Transition as a separate application for PY21.

Rosecrance Central Illinois Criminal Justice PSC \$304,350

- Request is for \$304,350, a decrease of 10% over PY19 award of \$338,643.
- Targets adults with behavioral health disorders involved in the criminal justice system. Provides case management, linkage and support services, group therapy using evidence-based models, in the jail and community.
- Access and consumer outcomes are well defined.
- CCMHB funding is 80% of total program revenue, with Champaign County Board reentry contract accounting for balance of program funding. Decreased request is due in part to elimination of quarter time position not filled in PY19.
- No discrepancies are noted across financial documents; no revisions indicated.
- Special provisions: retain PY19 contract provisions, as appropriate.

Rosecrance Central Illinois Fresh Start* \$79,310

- Request is for \$79,310, the same as awarded for PY19.
- Participants are selected by a multi-disciplinary committee, organized through the Champaign County Community Coalition. Provides intensive case management driven by strengths based individualized service plan.
- Access and Consumer Outcomes are defined, some tied to the individual client and to the community at large. Utilization tied to engagement of very specific population identified through the Fresh Start Steering Committee and who respond positively to custom notification, call-in or self-refer.
- CCMHB is sole of funder of the program, which is part of a broader, coordinated effort to reduce community violence.
- No discrepancies are noted across financial documents; no revisions indicated.
- Special provisions: retain PY19 contract provisions, as appropriate.

Rosecrance Central Illinois Specialty Courts \$203,000

- Request is for \$203,000, the same as awarded for PY19.
- Serves adults with a substance use disorder and history of non-violent felony offenses. Drug Court provides access to continuum of treatment and support services, with CCMHB funding activities which are not billable to other payers.
- Access and Consumer Outcomes and associated measures are relevant; positive change in substance use, employment, education, and peer support are tied to graduation. Reduced recidivism is tracked by the Drug Court Coordinator, an employee of the court.
- CCMHB funds are 73% of total program revenue. CCMHB has a long history of supporting Drug Court.
- No discrepancies are noted across financial documents; no revisions indicated.
- Special provisions: retain PY19 contract provisions, as appropriate.

*Champaign Community Coalition

^Special Initiative/mid-year report required

Innovative Practices and Access to Behavioral Health Services **SUBTOTAL \$1,371,244**

CCRPC – Community Services Homeless Services System Coord^+ \$51,906 new

- Request for \$54,775 and is a new proposal for PY20.

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- *Primary focus is on improving coordination/collaboration of Continuum of Service Providers to the Homeless, leading to better outcomes for those who are homeless or at-risk of homelessness. Unique proposal, placing emphasis on strengthening the network of homeless providers through a dedicated fulltime position responsible for managing responsibilities of the Continuum. Creates new position of Continuum Coordinator.*
- *Outcomes align with goal of strengthening the Continuum's capacity to address homelessness. Utilization targets reflect focus on serving and engaging agencies rather than serving individuals.*
- *CCMHB funds 72% of total program revenue, with balance from federal housing grant.*
- *Revisions: financial forms; Part I form.*
- *Special provisions: midyear progress report/presentation to Board; award should be prorated and amended upon hiring of Coordinator; fourth quarter financial reports will be used to determine whether excess revenue is due to the Board.*

Champaign Co. Christian Health Ctr Mental Health Care at CCCHC^ \$13,000 new

- *Request for \$13,000, a new proposal for PY20.*
- *Proposal seeks support for recruiting mental health providers to volunteer at the clinic. Clinic serves uninsured and underinsured residents of Champaign County, with proposal targeting those patients presenting with mental health needs.*
- *Primary outcome measure is whether mental health providers are recruited.*
- *CCMHB request is 9% of total program revenue. CCMHB funds operating expenses, not personnel responsible for recruiting and managing mental health volunteers.*
- *Revisions: financial forms - Expense, Personnel, and Budget Narrative.*
- *Special provisions: midyear progress report/presentation to Board; identify back-up strategy, such as specialized training for primary care physicians currently volunteering.*

Champaign Co. Health Care Cons CHW Outreach and Benefit Enrollment^ \$59,300 new

- *Request for \$59,300 and is a new proposal for PY20.*
- *Provider works with a diverse population with range of health needs or risk factors with proposal targeting those presenting with mental health/substance use disorders. Services include benefit case management providing assistance with enrollment in benefit plans, accessing other entitlement or assistance programs, advocacy, and outreach.*
- *Access and Consumer Outcomes are sufficient to measure impact of proposed services; utilization targets are clearly defined.*
- *CCMHB funds account for 44% of total program revenue.*
- *Revisions: financial forms; revisit transportation and Audit expenses.*
- *Special provisions: midyear progress report/presentation to Board; specify presence in Rantoul and rural areas; technical assistance for CLC Plan development.*

CSCNCC Resource Connection \$67,596

- *Request is for \$67,596, an increase of 1% over PY19 award of \$66,596.*
- *Long standing contract, serving Rantoul and nine northern Champaign County townships. Provides access to range of services addressing basic needs, referral services, and serves as satellite site for other providers.*

- *Outcomes are associated with access to services; program currently receiving intensive support from U of I Program Evaluation Team to identify and measure impact.*
- *CCMHB is 27% of total program revenue and agency revenue, all other sources are local funds; agency does not receive any state funds at this time.*
- *Special provisions: retain PY19 contract provisions, as appropriate; complete registration on state grant application system; update outcomes based on Program Evaluation Team technical assistance; report on efforts to expand and market assistance available directly from the agency; participate in Continuum of Service Providers to the Homeless Point in Time Survey.*

Cunningham Children's Home ECHO Housing and Employment Support* \$95,773

- *Request is for \$95,773, an increase of 6.4% over PY19 award of \$90,000, the first year for the program.*
- *Serves adults who are homeless or at risk of homelessness. Provides case management and housing and employment supports*
- *Outcomes have clear descriptions, performance targets, and evaluation methods, particularly for consumer outcomes. Mid-year data for utilization exceeds targets, attempted engagement rate is higher than anticipated and targets are adjusted going into second year of program.*
- *CCMHB funding is 18% of total program revenue; allocated expenses include flexible funds to aid clients with basic needs.*
- *Revisions: financial forms, including clarification of other revenue sources.*
- *Special provisions: retain PY19 contract provisions, as appropriate.*

ECIRMAC (Refugee Center) Family Support & Strengthening \$56,440

- *Request is for \$56,440, an increase of 17% over PY19 award of \$48,239.*
- *Serves the refugee, asylum, immigrant communities and their natural support networks. Provides range of support services and educational activities enabling these new residents to navigate various systems and assimilate into new culture/society. Agency is rather unique in who it serves and the services it offers to them.*
- *Access and Consumer Outcomes are sufficient to evaluate performance.*
- *CCMHB has long standing relationship with agency, increases in funding have occurred only over last few years. CCMHB funds account for 18% of total program revenue, wide range of other sources comprise balance of revenue. CCMHB revenue exceeds budgeted expenses, requiring an adjustment, possibly to audit expense.*
- *Revisions: financial forms; consumer outcome section.*
- *Special provisions: retain PY19 contract provisions, as appropriate.*

Family Service Self-Help Center \$28,430

- *Request is for \$28,430, a decrease of almost \$500 from PY19 award of \$28,928.*
- *Long standing contract, serving self-help groups and those interested in participating. Program assists with start-up, facilitation, and promotion of support groups, and information and referral to individuals and professionals about specific groups. Self-Help Center is not a direct service provider per se, serving as a clearinghouse for information about local self-help groups.*

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completing SSI/SSDI applications. Champaign County Health Care Consumers (CCHCC), who for several years assisted with benefits enrollment under a subcontract with Rosecrance, submitted PY 20 application to CCMHB.

- Outcomes are process rather than results oriented, possibly a result of initial contact associated with access to crisis or other screening service.
- CCMHB funds 18% of total program revenue, no increase included in original request.
- Revisions: Utilization section of Part I form.
- Special provisions: retain PY19 contract provisions, as appropriate; assess viability of affiliation with National Suicide Prevention Lifeline to support coordinated crisis response and training.

Rosecrance Central Illinois Recovery Home[^] \$200,000

- Request is for \$200,000, the same as awarded for PY19. Initial PY19 award of \$200,000 was tied to start-up of new Recovery Home with final contract amount of \$83,330 pro-rated based on delayed start date.
- Serves adults 18 or older needing structured substance use free living environment as they transition back to independent living from residential inpatient facility. Provides intensive case management and peer supports in compliance state licensed recovery home standards, as part of broader continuum of substance use disorder treatment.
- Access, consumer outcomes, and evaluation measures are addressed in sufficient detail.
- CCMHB funds account for 87% of total program revenue.
- Special provisions: retain PY19 contract provisions, as appropriate; midyear progress report/presentation to Board.

*Champaign Community Coalition

[^]Special Initiative/mid-year report required

+Pro-rate award and amend contract upon filling vacant/new hire position

System of Care for Children, Youth, Families **SUBTOTAL \$1,553,310**

CCRPC Head Start/EHS Early Childhood Mental Health Services* \$214,668

- Request is for \$286,224, a 218% increase over PY19 award of \$90,120.
- Targets children from HS classrooms whose need for support is identified through regular screenings or observed behaviors, with final determination of eligibility by the Social-Emotional Development Specialist (funded through another contract) who attends Community Coalition, CU Trauma and Resiliency, and early childhood collaborations.
- Clear outcomes, measurement tools, frequency, and performance targets. Client specific targets for PY20 provide a means for measuring engagement not present in PY19.
- Supports an increase from 3 to 4 Social Skills and Prevention Coaches (SSPC), each responsible for supporting teachers, children, and parents at one Head Start center. Also increases salaries by one-third, taking all from 30 to 37.5 hours/week and uses indirect cost allocation approach approved by GATA.
- CCMHB is the sole funder of this program. Recommendation is to fund all increases except for the addition of 4th staff person.



- *Special provision: continued collaboration with other early childhood programs to avoid duplication, maximize positive outcomes for children and families, and inform the Boards of service gaps.*

Champaign Urbana Area Project TRUCE* \$50,000/\$75,224

- *Request is for \$75,224, a 51% increase over PY19 award of \$50,000.*
- *Serves young people through self-report or referral from community partner. To reduce violence: prevention activities in schools and community; support after gun violence incidents; 2 Peace Circle events; Community Restorative Neighborhood Board.*
- *Agency has history of engaging underrepresented/minority populations. Gun violence impacts primarily CU, but rural residents may join community education activities. Program is associated with Champaign Community Coalition. Coordination with other systems and providers as appropriate to the neighborhood, family, or individual.*
- *Method of outcome evaluation, performance target, and projected level of change measure the impact of the 2 Community Peace Circles. New for PY20 is the NTPC target tied to TPS engagement with youth/young adults. Other category is redefined for PY20, tracking TPS response to incidents of violence and activities in at-risk neighborhoods.*
- *CCMHB continues as sole source of support; agency does not receive any state funds at this time. Given the severity of gun violence and the lack of other interventions, this work would be enhanced by additional local funding.*
- *Revisions: CLC Plan and financial forms, with support available from CCMHB staff; also reconfigure financial forms to shift focus from indirect to direct staff, to compensate those doing field work.*
- *Special provisions: retain PY19 contract provisions as appropriate; complete registration on state grant application system; hold \$25,224 of request as one-to-one match for other local funding secured during the contract year.*

Courage Connection Courage Connection+ \$127,000

- *Request is for \$127,000, same as PY19 award.*
- *For victims of domestic violence and their children: emergency and transitional housing, counseling, court advocacy, 24/7 DV hotline, transportation to shelter, services for English and Spanish speakers. Locations in CU and a presence in Rantoul for court advocacy and counseling. Outreach and engagement with criminal justice system, community education on domestic violence, and other providers.*
- *Access and Consumer Outcomes are sufficient to measure impact of proposed services. Targets and activity measured are same as PY19. No target for clients seen by the therapist (a new position not filled in PY19/retained in PY20 proposal) or counselors.*
- *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.*
- *Revisions: outcome narrative should be reformatted to include numbered outcomes and associated measures (ongoing work with Program Evaluation team); revise financial forms and CLC Plan with CCMHB staff guidance; rewrite Staff Qualifications response; specify how often Court Advocate and Counselor present in Rantoul.*
- *Special provisions: participate 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; funds supporting therapist or as appropriate other vacant positions should be withheld and pro-rated once position(s) filled.

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| Crisis Nursery | Beyond Blue Champaign County | \$75,000 |
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- *Request is for \$85,000, a 13% increase over PY19 award of \$75,000.*
 - *A longstanding CCMHB contract, with few changes. Program originated as co-funded initiative with Board of Health. 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. To promote healthy parenting and parent/child interactions, fostering child development: home visits, parent child interaction groups, support groups, respite care, case management, and community education. Uses evidence-based instruments for screening. Over half of mothers served must reside outside of CU. Program has not had difficulty reaching eligible CU residents as occurs with rural residents. Partners with other volunteer run parent home visiting service, Sistering CU.*
 - *Good detail on referral sources, eligibility, screening tools, length of engagement, Access, Outcome measures, evaluation methods, and performance targets. Utilization targets consistent with past performance. Referral and engagement of rural families pose a challenge. PY19 actual is lower than expected, at mid-year, not likely to meet all targets (or all PY18 levels).*
 - *CCMHB funds staff and expenses associated with Beyond Blue services, primarily Family Specialists. CCMHB funds 40%; other revenue is agency contributions and special event proceeds, United Way, and a small amount of allocated state funds.*
 - *Revisions: financial forms - revenue form and budget narrative form match.*
 - *Special provisions: retain PY19 contract provisions, as appropriate.*
 - *Recommend PY19 level funding, due to lower than expected utilization from outside CU.*
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| Cunningham Children's Home | Parenting Model Planning/Implement*^ | \$280,955 new |
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- *Request is for \$280,955, proposal for planning and implementation of a new program.*
 - *Youth age 10 -17 and parent/caregiver; to address gap in services created through loss of PLL. Assessment of youth/family needs and eligibility, based on the needs of those referred to other community-based programs at not only Cunningham but also other agencies' youth programs. CCMHB participation in planning phase is necessary as well as other stakeholders, e.g., State's Attorney, Community Coalition. 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. Referral, assessment, and engagement process to be evaluated/defined during planning phase. Measures and utilization targets contingent on selected model. TPC and NTPC targets of 13 and 12 are placeholders.*
 - *Personnel forms lists various therapist, case manager and clinical coordinator positions as place holders. Actual staffing pattern to be determined based on selected model.*
 - *Special provisions: coordinate within the juvenile justice diversion collaboratives and rely on stakeholders' input in both phases; CCMHB represented in stakeholder group; monthly progress reports during planning phase; minor revision and further development of financial forms; contract maximum subject to negotiation pending selection of model.*

DREAM House	DREAM*	\$80,000
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- *Request is for \$80,000, no increase from PY19 level.*
- *For boys 7 to 13, after school, summer enrichment, physical health, and parent support. Spectrum and content of services continue to grow, i.e., child services related to incarcerated parent or no father present, child physical wellness, and parent wellbeing. Summer enrichment and Saturday physical activity programming also in Rantoul. Expansion to rural areas possible with CCMHB support; focus to date has been on underrepresented minority youth (male).*
- *Outreach and referral process, eligibility criteria, screening tools, and selection criteria clearly stated, timeframes provided. Consumer outcomes, performance measures and projected level of change for each are present. Access and outcomes sections well done; program worked with U of I Evaluation Team in PY18. Different levels of engagement in services distinguish TPCs from the new addition of NTPCs.*
- *CCMHB funds 37% of total program revenue. Illinois Department of Human Services contract accounts for another 37% (not in Budget Narrative.) United Way funds services to 5 and 6 year-olds. CCMHB funds 25% of executive director, 25% site coordinator, and 50% achievement coach (direct staff) and 25% of the operations manager (indirect).*
- *Revisions: minor corrections to budget narrative, possibly personnel form; if IDHS revenue is an error, correction of all financial forms.*
- *Special provisions: retain PY19 contract provisions, as appropriate.*

Don Moyer Boys and Girls Club	C-U CHANGE*+	\$100,000
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- *Request is for \$100,000, as in PY19.*
- *Youth in middle or high school, with a wide range of youth/family risk factors. Case management in consultation with schools and family. Site based after school programming to improve decision making and education performance. Several national Boys and Girls Club model programs are offered. Open to youth county-wide but primarily used by CU residents. Two Unit 4 School District initiatives serve as partners and referral sources for CU Change. Long term engagement.*
- *Measures, consumer outcome, performance target, and evaluation tool are presented clearly. Targets are adjusted based on past performance. Some turnover in participation in PY19 as new TPCs were added in second quarter.*
- *CCMHB is primary funder, with allocations of contributions to the agency. CCMHB funds 3 direct staff positions (plus travel and consumables). Part-time CU Change Case Manager is vacant, and when hired, CCMHB would pay salary and portion of benefits and taxes. Fulltime program coordinator is supported in part by CCMHB, and fulltime case manager in full.*
- *Revision: expense form to show audit cost in Professional Fees.*
- *Special provisions: retain PY19 contract provisions as appropriate; funds for part-time CU Change Case Manager position should be withheld and pro-rated once position(s) filled.*

Don Moyer Boys and Girls Club	CUNC*+	\$110,195
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- *Request is for \$110,195, a 120% increase over PY19 contract for similar program.*
- *For residents of neighborhoods impacted by community violence, natural support networks, and professionals engaging with those impacted by trauma. Greater emphasis*

on client engagement than in the past; PY20 adds wraparound to engage survivors and others impacted by violence. Trauma informed resiliency building approach, supports for individuals to develop skill sets for recovery.

- *Timeframes and targets for referral through engagement. Assessment tool and evaluation survey are to be created, with sensitivity to families completing them. Outcomes with performance targets are identified. Outcome data on clients fully engaging in services.*
- *Attempts to fill a void within the system by providing post-crisis intervention and supports. Coordination/collaboration with other crisis and community resources.*
- *CCMHB is primary funding source, with in-kind as 33%. Given the severity of gun violence in CU and the lack of other interventions for residents of effected neighborhoods, this work would be greatly enhanced by additional local funding.*
- *Revisions: expense form; show in-kind in total program; budget narrative descriptions.*
- *Special provisions: partner with Youth Assessment Center and LAN; funds for fulltime CUNC Coordinator position should be withheld and pro-rated once position(s) filled.*

Don Moyer Boys and Girls Club Community Coalition Summer Initiatives* \$107,000

- *Request is for \$107,000, as in PY19.*
- *For children and youth, especially those be impacted by community violence or unable to access summer programs, a range of activities promoting positive development and work experience. Access for rural residents limited; primary population is underrepresented minority youth.*
- *Outcome data not reported. Due to volume of subcontracts and average award, not practical to measure impact beyond numbers served and demographic data. Targets are adjusted for PY20; based on past performance, targets may be optimistic.*
- *CCMHB is sole funder of the program, through subcontracts, supplementing some existing activities to enable more children and youth to be served.*
- *Special provisions: report to the Board on all activities during the fall; all subcontract agreements should be made available to CCMHB; agency should encourage those programs otherwise funded by CCMHB to clarify Summer Initiatives revenue and to report utilization separately.*

Don Moyer Boys and Girls Club Youth and Family Services* \$160,000

- *Request is for \$160,000, as in PY19.*
- *For multi-system involved youth and families/caregivers, peer support for navigating various systems such as education, juvenile justice, child welfare, healthcare. Open to referrals county-wide but has primarily served CU and Rantoul. For system of care, workshops and trainings about challenges families face in navigating systems and how they can be supported through that process; technical assistance and training at systems level, engaging policymakers, stakeholders, providers. Peer support in settings determined by the family.*
- *Outcome, evaluation tool, and performance goals are identified for peer support activity only; outcomes relate to domains the evaluation tool is designed to measure. Describes engagement with families but not how systems level engagement is to occur. Targets for TPC, NTPC, and SC service categories are lowered. Systems level efforts not tracked.*
- *Direct staff time is decreased from 1.66 to 0.56 FTE, and indirect staff time increased from .66 to .88 FTE. The two direct staff supported with CCMHB funds are part-time.*

- *Revisions: expense form and budget narrative, to assign costs to appropriate categories and cover audit cost; clarify roles of independent accountant and grant consultant; reconfigure financial forms to shift focus from indirect to direct staff; develop utilization targets related to system level work.*
- *Special provisions: as in PY19 contract, where appropriate.*

Mahomet Area Youth Club BLAST* \$15,000

- *Request is for \$15,000, as in PY19.*
- *Within a program open to Mahomet-Seymour School District students age 6 to 17, scholarships for students from low-income families. Enrichment program and Kid's Club activities expose students to wide range of age appropriate topics/experiences. In collaboration with Mahomet-Seymour School District using two elementary schools for the after-school enrichment program, enabling access to rural residents.*
- *In PY19, MAYC turned to a scholarship based targeted assistance approach rather than reporting on all BLAST participants as in PY18.*
- *Outcomes with performance measure, method of measurement, and past performance for comparison are provided. Outcome measures do not specify if they are for all participants or only for scholarship recipients. Anticipate 500 participants for entire program; results specific to scholarship recipients would provide a more comprehensive evaluation of program performance and benefit of scholarships.*
- *Funding supports scholarships to low-income students rather than to direct operations. CCMHB is sole funding for scholarships; contributions and United Way funds received by the agency are allocated to support administration of scholarships.*
- *Revisions: expense form and budget narrative for cost of independent financial review.*
- *Special provisions: retain PY19 contract provisions as appropriate; develop set of CLC Plan actions with support from CCMHB staff.*

Mahomet Area Youth Club MAYC Members Matter!* \$18,000

- *Request is for \$18,000, same as PY19 award.*
- *For children and youth from Mahomet area, prevention-based after school services throughout the school year (middle school students) and summer programming, for children and youth age 6 to 17, in a safe supportive learning environment; summer scholarships for children and youth from low-income families.*
- *Outcomes, performance measure, method of measurement, and past performance for comparison provided. Service Contact count measuring homework and CSE target are unrelated to funded activity (summer). Target for NTPCs appears low based on past performance, although Narrative references that summer program had 116 participants last year. This allows for some growth.*
- *CCMHB is 15% of total program revenue. CCMHB funds 4 part-time staff for summer.*
- *Revisions: expense form and budget narrative for cost of independent financial review.*
- *Special provisions: retain PY19 contract provisions as appropriate; develop set of CLC Plan actions with support from CCMHB staff.*

NAMI Champaign County NAMI Champaign County^ \$10,000 new

- *Request is for \$10,000, a new proposal.*

- For persons with mental illness and their families, peer led supports and community education campaigns. Program leaders training includes NAMI standards for inclusion and tolerance. Monthly Chapter meetings held in Champaign; peer-led services offered county-wide and to any adult; other activities for middle and high school students.
- Consumer Outcomes, measures, performance targets, and evaluation methods for two peer led training/education programs, one for adults, one for youth in school. Outcome to improve understanding of mental illness and symptomology to reduce stigma and increase peer/family led supports. Evaluation tools and projected level of change are identified. Utilization targets may need to be further defined and realigned.
- CCMHB would be the primary funder; other from donations/contributions. CCMHB funds for new part-time Executive Director, coordinating volunteer run peer programs and community education.
- Revisions: expense form to balance the CCMHB budget and allow for cost of financial compilation; budget narrative form to clarify some items; detail on SC, CSE, and Other service categories and adjust targets accordingly.
- Special provisions: technical assistance for CLC Plan development; coordinate similar efforts with school districts and Rattle the Stars.

RACES Sexual Violence Prevention Educ.+ \$63,000

- Request is for \$70,000, a 276% increase over PY19 award of \$18,600.
- Prevention education with age appropriate messaging. Effort to engage specific marginalized populations. By request, education programs are held throughout the county, primarily through schools. Two staff attend each session in case of abuse disclosure during a session. The only local agency providing sexual violence prevention education. Coordinates with other agencies on public education campaigns, makes referrals, is active in the sexual violence prevention coalition.
- Outcomes, method of evaluation, and measurement tools are referenced. PY19 results will serve as benchmark for future comparison. Targets are adjusted based on past performance and proposed new staff, as demand for presentations has exceeded capacity.
- Requested increase is for 90% of two new positions, with 10% from state GRF to fund activities occurring outside Champaign County. Some portion of the new Champaign County staff should be supported with GRF. CCMHB funds three positions; one fulltime position is partially supported by CCMHB; the other two, one fulltime and one part-time, are new and currently vacant.
- Revisions: all financial forms, to reflect total program expenses; a portion of new staff positions should be supported with GRF, minimum of 10%, to equal the amount allocated for out of county services. Recommendation is for a resulting total award of \$63,000.
- Special provision: retain PY19 contract provisions as appropriate; funds supporting two new positions should be withheld and pro-rated once position(s) filled.

Rosecrance Central Illinois Prevention Services* \$60,000

- Request is for \$60,000, no increase over PY19. (Prairie Center program in PY18.)
- Substance use prevention education activities community-wide, age appropriate for diverse populations. Program held in schools throughout the county, promoted to rural districts; services primarily in CU middle schools. Services to any students enrolled in program; collaborations and access to all who request services. SAMHSA-approved

curricula have demonstrated positive impact with members of underserved minority populations and areas.

- *Access and consumer outcomes and how they are measured are clearly defined; linked to well-researched, classroom-based curricula. 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 report improved retention rates for each subsequent grade through increased pre-test scores at next grade level.*
- *CCMHB funding allows Prevention services to reach a wider audience and impact youth at a younger age. Funds 100% of Prevention Specialist, 2% of Administrator, 1% of Executive Director.*
- *Requires revision to Part One form or Part Two form, so that CSE targets match.*
- *Special provisions: retain PY19 contract provisions as appropriate.*

The UP Center of Champaign Co. Children, Youth, & Families Program* \$31,768

- *Request is for \$35,938, a 95% increase over PY19 award of \$18,423.*
- *Serves LGBTQ youth and their families; case management and groups. 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.*
- *Requested increase is to develop programming requested by youth, increase rural connections, and broaden outreach. CCMHB is primary funder accounting for 91% of program revenue. Other sources are contributions and in-kind.*
- *Revisions: financial forms (to correct errors which initially resulted in surplus), and budget for financial review. Proposed expenses total \$31,768.*
- *Special provisions: retain PY19 contract provisions as appropriate.*

Urbana Neighborhood Connections Community Study Center* \$25,500

- *Request is for \$25,500, a 31% increase over PY19 award of \$19,500.*
- *Primarily underserved minority youth in Urbana; positive social, emotional and life-skills experiences through a non-traditional, practical treatment approach for addressing obstacles faced by many youth in home and community life. Includes group sessions. Low rural participation; assistance with travel. Staff attend school meetings, consult with parents/guardians, maintain classroom to community academic and behavioral resources, and collaborate with similar providers for best academic, recreational, social emotional enrichments for participating youth.*
- *Outcomes are directed at increasing academic performance, cultural awareness, and preventing involvement with criminal justice system. Utilization has exceeded target for 200 NTPCs each year, but a lower target is proposed.*
- *Requested increased is for additional Activity Leaders and Special Group Leader. Total program relies on sources other than CCMHB for 90% of revenues. In current 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.*
- *Revisions: consumer access section (plan narrative), all financial forms (various errors/sections; and CLC Plan. Technical support available from CCMHB staff.*

- *Special provisions: retain PY19 contract provisions as appropriate.*

*Champaign Community Coalition.

^Special Initiative/mid-year report required.

+Pro-rate award and amend contract upon filling vacant/new hire position.

Collaboration with the CCDDDB (for I/DD programs) SUBTOTAL \$666,750

CILA Expansion CCMHB Commitment (previous approval) \$ 0

- *During PY19, the MHB paid the full balance on the mortgage. For each year until the CCDDDB's contribution equals that of the CCMHB, \$50,000 is considered to be part of the MHB's I/DD allocations for the purpose of calculation per intergovernmental agreement between the boards, but since no amount will be transferred or paid, it is not reflected here.*

Champaign Co. Head Start Social Emotional Development Services \$87,602

- *Request is for \$112,004, a 52% increase over PY19 award of \$73,605.*
- *Serves children who are enrolled in HS/EHS and for whom a need has been identified through observation or scheduled screenings.*
- *Consumer outcomes relate to changes in children's behavior and skills.*
- *Collaborates with other funded programs toward system of care approach. During 2018, the agency further strengthened this collaborative approach, as the recipient of a private foundation grant award to lead in the effort.*
- *Requested increase relates to expansion of services, increased staff time and salary, GATA approved indirect cost allocation.*
- *Special provision: continued collaboration with other early childhood programs to avoid duplication, maximize positive outcomes for children and families, and inform the Boards of service gaps.*
- *Recommend CCDDDB award of \$24,402 and CCMHB award of \$87,602 to support the program fully.*

DSC Family Development \$579,148

- *Request is for \$579,148, a 3% increase over PY19 award of \$562,280.*
- *Services for children birth to 5 with assessed risk; developmental screenings, various therapies, uses Early Intervention funding when children are eligible.*
- *Consumer Outcomes of value to families and children.*
- *During 2018, the program gained a new director with experience in a similar program; otherwise has fairly low turnover of staff with specialized training and credentials, i.e., relatively stable program.*
- *Increase relates to increases in salary and cost of medical benefits.*
- *Collaborates with other funded programs toward system of care approach.*
- *Special provisions: continued collaboration with other early childhood programs to avoid duplication of effort, maximize positive outcomes for children and families, and inform the Boards of service gaps; monthly reports of personnel changes.*

TOTAL PY20 FUNDING RECOMMENDED - \$4,537,151

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Exceeds Allocation Parameters

Intellectual and Developmental Disabilities applications not included above are subject to integrated planning with the Champaign County Developmental Disabilities Board (CCDDB). The requests not recommended for funding by the CCMHB total \$3,753,245 and will be considered for funding by the CCDDB at their May 22nd meeting.

UCP Land of Lincoln - Vocational Training and Support \$105,000

- *Request is for \$105,000, a 143% increase over PY19 award of \$43,238.*
- *Although Other/Renewal was selected as priority area, supports for employment for people with behavioral health conditions should be considered an Innovative Practice. Partners with Rosecrance, CCRPC, and Division of Rehab Services to offer job development, training, coaching, etc. to adults with mental health conditions.*
- *Outcomes relate to consumer goals and program performance, using assessment tools appropriate to employment supports and endorsed by accreditor (CARF). Substantial (67%-100%) increases in TPC and service hour targets are planned for PY20.*
- *Requested increase is to cover increased cost of operations (office space, staff and salaries) to meet greater than expected needs.*
- *Revisions: financial forms, with support from CCMHB staff. PY18 audit was not delivered by extended deadline, was also not in compliance with contract requirements and funding guidelines. Payment is suspended until corrections are made. Agency board should include at least one resident of Champaign County.*
- *Special provisions: develop CLC Plan with support from CCMHB staff; payments will be paused when any reporting or other compliance deadline is not met; consider fee for service contract, with rates similar to those of Illinois DHS-Division of Rehab Services employment services.*
- *Not recommended for funding at this time due to unresolved contract compliance issues.*

All other applications are recommended for funding, although some at lower than requested levels and some subject to contract negotiation. The difference between requested and recommended levels is \$337,117. Total MH/SUD requests = \$4,207,518 and total I/DD requests = \$4,444,397.

Programs recommended for an amount lower than that requested include:

CC Head Start – Social Emotional Disabilities Services (request is \$24,402 more than available through MHB, with the balance to be awarded by CCDDB)

CC Head Start - Early Childhood Mental Health Services (less by one position)

CCRPC – YAC (PY19 level)

*CU Area Project – TRUCE (reduced, holding the balance as match)

Crisis Nursery (PY19 level)

First Followers (PY19 level, as housing supports TBD)

GROW (reduced by amount for equipment)

RACES (reduced by portion of GRF funds)

*Rosecrance Central Illinois - Crisis, Access, & Benefits (less the amount of previous subcontract with CCHCC)

UP Center – Children, Youth, & Families Program (reduced to equal budgeted expenses)

* Agencies for which the total PY20 recommendations are lower than total agency PY19 funding.

DRAFT OF DECISION SECTION

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

- Approved
- Denied
- Modified
- Additional Information Needed

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

- Approved
- Denied
- Modified
- Additional Information needed

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

- Approved
- Denied
- Modified
- Additional Information needed

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

- Approved
- Denied
- Modified
- Additional Information needed

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

- Approved
- Denied
- Modified
- Additional Information needed

Motion to authorize the executive director to implement contract maximum reductions as described in the **Special Notification Concerning PY20 Awards** section of this memorandum:

- Approved
- Denied
- Modified
- Additional Information needed



(6.C.)

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

BRIEFING MEMORANDUM

TO: Members, Champaign County Mental Health Board
FROM: Mark Driscoll, Associate Director
DATE: May 15, 2019
RE: Courage Connection Contract Amendment

Overview:

Courage Connection has submitted a request to redirect excess revenue associated with three unfilled positions to support existing staff (copy attached). The agency proposes to redirect funds to support other Client Advocate positions and part of the Program Director position. An initial inquiry about the CCMHB amendment process was received in January followed by a formal request in April.

The amount of the original amendment request was \$40,040 but has been adjusted upward to include not only budgeted salary but also payroll taxes. The revised amount is \$44,701.

Background – Analysis:

The CCMHB awarded Courage Connection \$127,000 for the 2019 program year, an increase of \$60,052 over the PY18 contract award. All CCMHB funds are allocated to two expense lines – salaries and payroll taxes. Of the \$60,052 in new funding, \$44,701 was to support part of three new fulltime positions: Therapist, Hotline Advocate, and Advocate. The agency chose not to fill the Hotline Advocate and Advocate positions and was unable to recruit a Therapist at the posted salary. As a result, all three positions have not been filled.

Excluding the \$44,701 allocated to the three vacant positions, the remaining \$82,299 of the \$127,000 contract supports in part the following six direct and two indirect staff positions: 35% of two Counselors, 25% of four Client Advocates, and 25% of the Fiscal Manager, and 28% of the Grants/Program Administrator.

The proposal for PY20 currently under consideration maintains the current staffing pattern plus the unfilled Therapist position. A higher more competitive salary is planned for the position, with CCMHB support increasing from 25% to 50%. This new position is of particular importance as it provides intensive one on one interaction by a licensed therapist to address the survivor's trauma. However, the amendment request is not redirecting funds to increase the Therapist salary prior to the new contract.

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Courage Connection proposes redirecting funds to other existing Client Advocate positions and the Program Director. CCMHB funds would pay part of the Client Advocates salaries and 24% of the Program Director salary. At present none of these positions is supported with CCMHB funds. And no CCMHB funds are allocated to these positions in the PY20 proposal. Presumably, because the Client Advocates and Program Director are existing staff, other funding has been available and budgeted to cover the positions. A gap in funding for any of the positions is not indicated. Redirecting CCMHB funds would supplant other funding allocated to these positions and paid out over the prior ten months. In general, redirecting CCMHB funds to other purposes is not considered this late in the program year.

The amount of excess revenue the three vacant positions generated over the term of the contract is \$44,701. Monthly payments issued by the CCMHB have included funds to support the unfilled positions. The excess revenue in full or part can be recouped through a reduction to the combined May-June monthly payment.

Proposed action:

The Funding Guidelines include a section on contract amendments. The Board President and the Executive Director are granted discretion under this section to decide whether to bring amendments to the Board for action, specifically referencing cases where the amount of a given contract(s) within an agency is to be increased or decreased. The question of reducing the Courage Connection contract maximum by \$44,701 or redirecting a portion or all of the funds to other positions is being brought to the Board for discussion.

A Decision Memorandum requesting action on the amendment is planned for the May 22, 2019 Board meeting packet.

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April 9, 2019

To: Mark Driscoll, CCMHB
From: Jason Greenly, Courage Connection
Re: Budget Amendment request

Dear Mark,

Below is a detailed request for a budget amendment to our FY19 contract with CCMHB. This is for a total of **\$40,040**.

Direct Personnel

- **Remove** funding for "Therapist" (from \$8,840 to \$0)
- **Remove** funding from "Advocate" and "Hotline Advocate" (\$7,800 and \$23,400 to \$0)
- **Add** funding to 5.0 FTE "Client Advocate" not previously receiving CCMHB funds (from \$0 to \$29,440)

Indirect Personnel

- **Add** "Program Director" (from \$0 to 10,600, representing 24% of salary)

The removal of the "Therapist" position is the result of grossly underestimating an appropriate salary for this position. We received very few applicants in FY19, and none of the ones we did receive were qualified. This position was placed in the FY20 CCMHB budget at a much increased rate, and qualified applicants are currently under consideration for the agency.

The removal of the "Advocate" and "Hotline Advocate" is the result of these positions being intended for creation at the time of FY19 application, but ultimately not being created.

The failure to report these openings was the result of our misunderstanding that new positions not-yet-filled are considered "open". This has been corrected through an improvement in the agency onboarding process (specific to grant reporting) and should not re-occur.

The addition of "Program Director" to the budget is selected in part for her work in addressing the structural challenges of the agency which led in part to the positions remaining open, and increasing the anticipated amount of time for her position spent addressing programs funded by CCMHB. Program Director Karen Gehrt has made numerous improvements in FY19, including rebuilding the personnel structure of direct services to allow for better supervision (including taking on the direct supervision of the Counselors and Therapist, a major focus of CCMHB funding for Courage Connection), eliminating the Therapist recruitment problems,

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and adjusting the workloads for direct service staff (specifically the Client Advocates and their supervisors).

The addition of additional "Client Advocate"s to the budget represents that there are multiple Client Advocates, doing work already identified in the original approved application.

Amidst the challenges of FY19, Courage Connection experienced the impact of the sudden loss of its Executive Director, which significantly shifted the priorities and time requirements of the agency's three Directors and Board members. Several items in the development of programs and structural improvements were slowed or halted due to the loss of this leadership and support, as well as in recognition that a new Executive Director may – and likely will – have a differing vision for the agency. As of writing, in-person interviews for the new Executive Director are scheduled for later in the month; exact hiring date will depend upon candidate selected.

CC: Irina Dikanova
Jen Romine

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

TO: Members, Champaign County Mental Health Board
FROM: Mark Driscoll, Associate Director
DATE: May 15, 2019
RE: Rosecrance Criminal Justice PSC Contract Amendment

Overview:

The Rosecrance Criminal Justice PSC contract was awarded \$338,643 for the 2019 program year. The approved proposal included funds to support in part the fulltime Criminal Justice Liaison position. Planned duties were tied to data collection, analysis, and reporting. However due to other professional opportunities within the organization, the person expected to fulfill these duties accepted another position and was no longer available. The loss of the staff person was compounded by expiration of other grant funding and denial of a federal grant application intended to support the balance of the fulltime position. The result being a fulltime position left vacant for lack of support beyond the Board's commitment.

Fiscal Impact:

CCMHB funding allocated to this position supported 25% of the salary and associated payroll taxes and benefits. Administration costs (management and general) is charged at a rate of 17%. Over the term of the contract, monthly payments have included funds to support the unfilled position. The amount of excess revenue is \$16,544. The amendment would reduce the contract maximum by this amount. The excess revenue would be recouped through a reduction to the combined May-June monthly payment.

The Criminal Justice PSC application currently under consideration does not include the vacant position.

Proposed action:

The Funding Guidelines include a section on contract amendments. The Board President and the Executive Director are granted discretion under this section to decide whether to bring amendments to the Board for action, specifically referencing cases where the amount of a given contract(s) within an agency is to be increased or decreased. The question of reducing the Rosecrance Criminal Justice PSC contract maximum by \$16,544 is being brought to the Board for discussion.

A Decision Memorandum requesting action on the amendment has been drafted for the May 22, 2019 Board meeting packet.

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