



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

Champaign County Mental Health Board (CCMHB)

WEDNESDAY, October 21, 2020 at 5:45 p.m.

Regularly held in the Lyle Shields Room, the meeting will be conducted remotely.

Participate through <https://us02web.zoom.us/j/81393675682>

or by calling 312-626-6799 and using Meeting ID 813-9367-5682.

1. Call to Order
2. Roll Call
3. Zoom Instructions (**page 3**)
4. Citizen Input/Public Participation
The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.
5. Approval of Agenda*
6. President's Comments
7. Executive Director's Comments
8. New Business
 - A. "One Door" Crisis Response Presentation (**pages 4-15**)
Overview of the "One Door" Crisis response initiative will be provided at the meeting. Included in the packet is a PDF copy of the power point.
 - B. PY2022 CCMHB Funding Priorities (**pages 16-28**)
Briefing Memorandum of DRAFT funding priorities and allocation criteria for the Program Year 2022 (7/1/21 - 6/30/22) is included in the packet.
 - C. CILA Transfer Resolution* (**pages 29-35**)
Resolution authorizing transfer of CILA deed from CCMHB to CCDDDB is included in the packet. Action is requested.
 - D. Early Childhood "Watch Me Grow" Resource (**pages 36-37**)

Brochure detailing an online resource for families with new born to three-year old children is included in the packet.

9. Agency Information

The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.

10. Old Business

A. Contract Amendment Report **(page 38)**

Briefing Memorandum on recent contract amendments is included in the packet.

B. Schedules & Allocation Process Timeline **(pages 39-42)**

Updated copies of CCMHB and CCDDDB meeting schedules and CCMHB allocation timeline are included in the packet.

11. CCDDDB Information

12. Approval of CCMHB Minutes* **(pages 43-48)**

Minutes from the September 23, 2020 meeting and September 30, 2020 study session are included in the packet. Action is requested.

13. Staff Reports **(pages 49-62)**

Written staff reports from Kim Bowdry, Mark Driscoll, Stephanie Howard-Gallo, Shandra Summerville, and Chris Wilson are included in the packet.

14. Board to Board Reports

15. Expenditure List* **(pages 63-70)**

Copy of the Expenditure List is included in the packet. Action to accept the list and place on file is requested.

16. Agencies in the News **(pages 71-79)**

For information only, the packet includes News-Gazette articles focusing on funded agencies.

17. Board Announcements

18. Adjournment

19. ***Board action**

#3

Instructions for participating in Zoom Conference Bridge for CCMHB Regular Meeting October 21, 2020 at 5:45 p.m.

You will need a computer with a microphone and speakers to join the Zoom Conference Bridge; if you want your face broadcast you will need a webcam.

Go to Join Zoom Meeting

<https://us02web.zoom.us/j/81393675682>

Meeting ID: 813 9367 5682

One tap mobile

+13126266799,,81393675682# US (Chicago)

+13017158592,,81393675682# US (Germantown)

Dial by your location

+1 312 626 6799 US (Chicago)

+1 301 715 8592 US (Germantown)

+1 646 558 8656 US (New York)

+1 669 900 9128 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

Meeting ID: 813 9367 5682

Find your local number: <https://us02web.zoom.us/j/81393675682>

When the meeting opens, choose to join with or without video. (Joining without video doesn't impact your participation in the meeting, it just turns off YOUR video camera so your face is not seen. Joining without video will also use less bandwidth and will make the meeting experience smoother).

Join with computer audio.

Once you are in the meeting, click on "participants" at the bottom of the screen.

Once you've clicked on participants you should see a list of participants with an option to "Raise Hand" at the bottom of the participants screen. **If you wish to speak, click "raise hand" and the Chair will call on you to speak.**

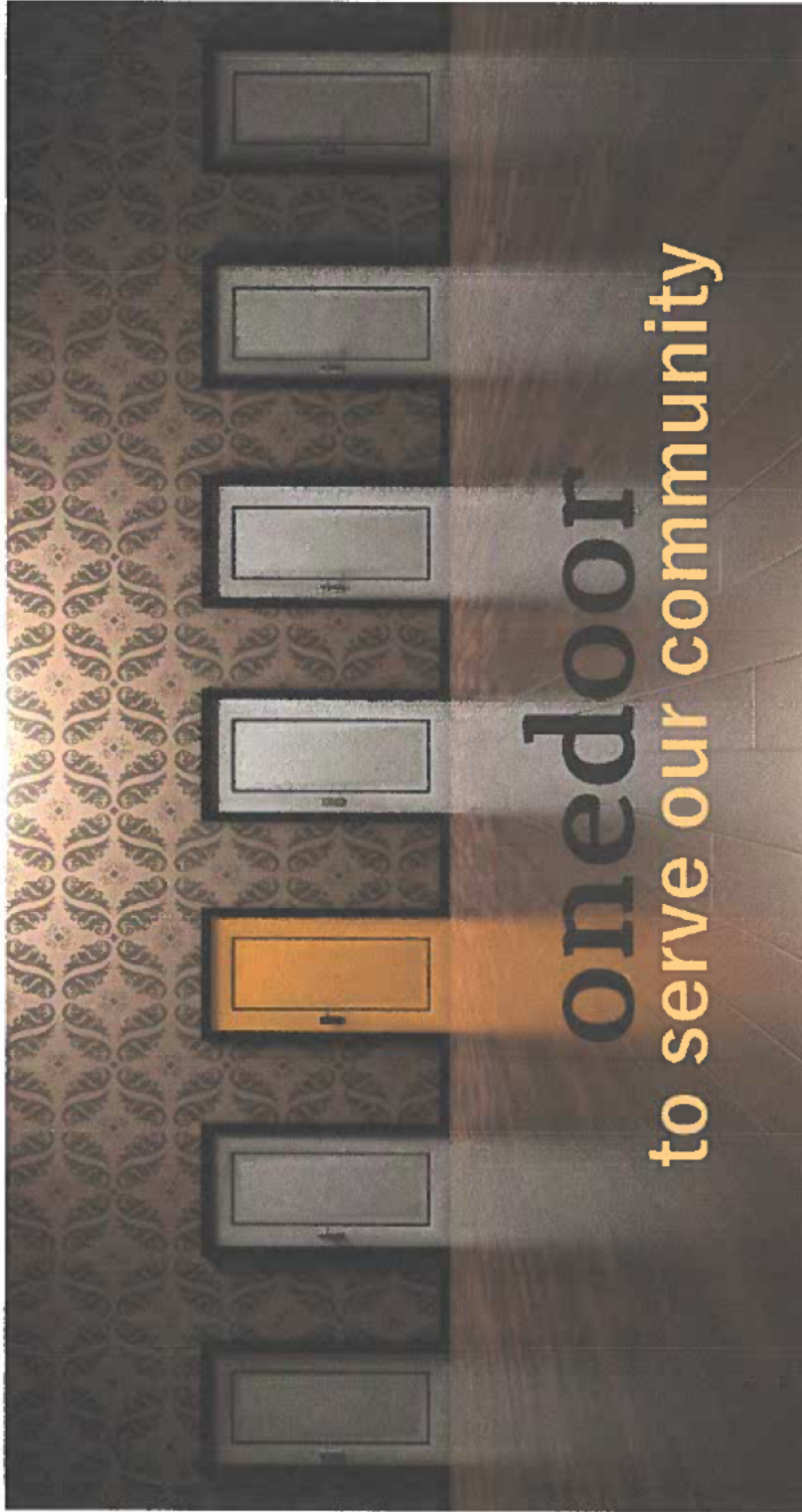
If you are not a member of the CCMHB or a staff person, **please sign in by writing your name and any agency affiliation in the Chat area.** This, like the recording of the meeting itself, is a public document. There are agenda items for Public Participation and for Agency Input, and we will monitor the 'raised hands' during those times.

If you have called in, please speak up during these portions of the meeting if you would like to make a contribution. If you have called in and therefore do not have access to the chat, there will be an opportunity for you to share your 'sign-in' information. If your name is not displayed in the participant list, we might ask that you change it, especially if many people join the call.

Members of the public should not write questions or comments in the Chat area, unless otherwise prompted by the Board, who may choose to record questions and answers there.

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**Champaign County
Law Enforcement**



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#8.A.

Nationwide

Law Enforcement and Individuals in Crisis

One in four officer-involved shootings kills an individual with a mental illness (Fuller, Lamb, Binsotti, and Snook, 2016)

Twenty-five percent of individuals with a mental illness have been arrested at some point in their lifetime (Livingston, 2016)

One in ten individuals' pathway to mental health treatment involved the police (Livingston, 2016)

Current Local Crisis Response System

Crisis Team

- Crisis Line
- Hospital/Jail Crisis Assessment
- Consultation with law enforcement

Triage Stabilization

- OSF Hospital
- Carle Hospital
- County Jail
- Resolve at Scene

Residential Crisis

- Requirements
- Evaluation
 - Relocation
 - Voluntary Participation

Jail Diversion

- CU at Home
- Transportation
 - Street Outreach
 - The Phoenix Available M-F, 12-5

Shelter

- Men's Shelter
- Women's Shelter

Tier 2 Vulnerability V

Stable

- Steady income/pays rent/possible homeowner
- Involved in groups/other support connections, strong support system
- No MI/SA issues and able to be managed if present
- Future-oriented thinking present
- Independent living skills present

At Risk

- Less stable income (paycheck to paycheck)
- Paying rent but not always on time
- Moderate support system (few strong supports)
- Managing any MI/SA issues, possibly involved in specific programming
- Can only focus on a couple of weeks in the future due to income status
- Money management and independent living skills begin to decline

Volatile

- Living paycheck to paycheck/no assurance of ongoing- long term employment
- Little to no strong support system
- Connections with housing programs such as PSH or TH
- Involved in MI/SA programming, lacking full engagement
- Lacking self-sufficiency
- Making poor choices due to need for income
- Sporadic involvement with police

Tier 1 Vulnerability V

Imminent

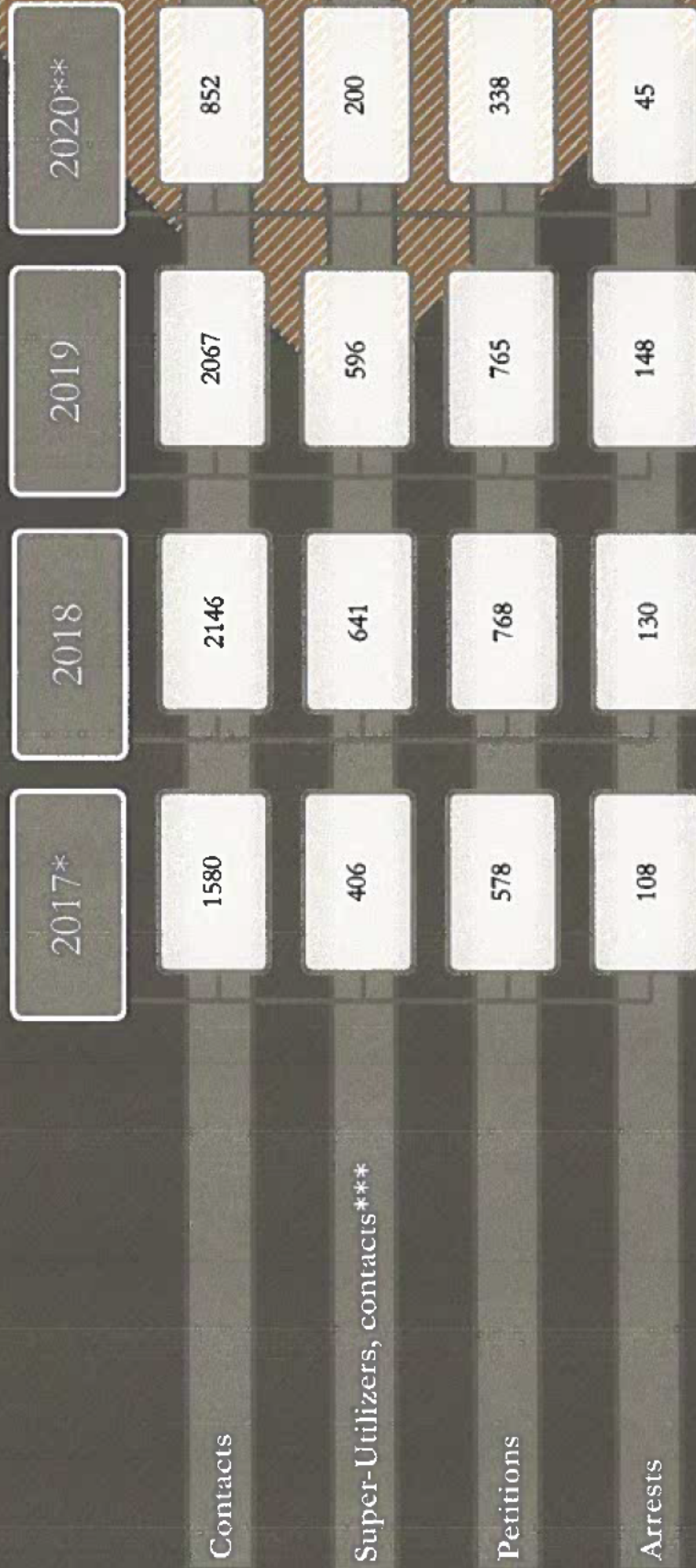
- Possible income, no address of their own
- Most likely couch surfing to avoid a bad living situation
- Moderate MI/SA issues going untreated
- Unable to receive treatment at resources due to lack of compliance
- Possibly receiving an SSI/SSDI check
- Frequent interaction with police for petty crimes (theft, trespassing, possession of controlled substance, etc.)

Dire

- No housing of their own
- Only income due to SSI/SSDI check or panhandling
- Not involved in any housing programs due to bans or other offenses
- Couch surfing from one bad situation to another
- Severe MI/SA issues going untreated
- Only supports are living on the streets
- Severe lack of trust is present, survival skills take over
- Daily/weekly interaction with law enforcement for crimes ranging from trespassing, aggressive panhandling, possession of controlled substance, etc.
- In need of lots of engagement/large amounts of time and energy to rebuild trust & functional relationships

Champaign County

Law Enforcement and Individuals in Crisis



* Data from April 2017 through December 2017 only

** Data current through July 28, 2020

*** Super-Utilizers: Individual with 5 or more CIT contacts since 2017

One Door Crisis Response System - Mission

- An open, single door solution, offering the opportunity to be recognized, evaluated, stabilized, engaged with, and treated with dignity and respect
- Provides services to members of our community involved in an active crisis and is a resource for our most vulnerable citizens
- Enhances, but does not replace, current resources while decreasing law enforcement contact
- Strengthens collaboration between our community stakeholders, service providers, and local law enforcement agencies

One Door Crisis Response System - Goals

DIVERSION An alternative to arrest and/or emergency room admissions

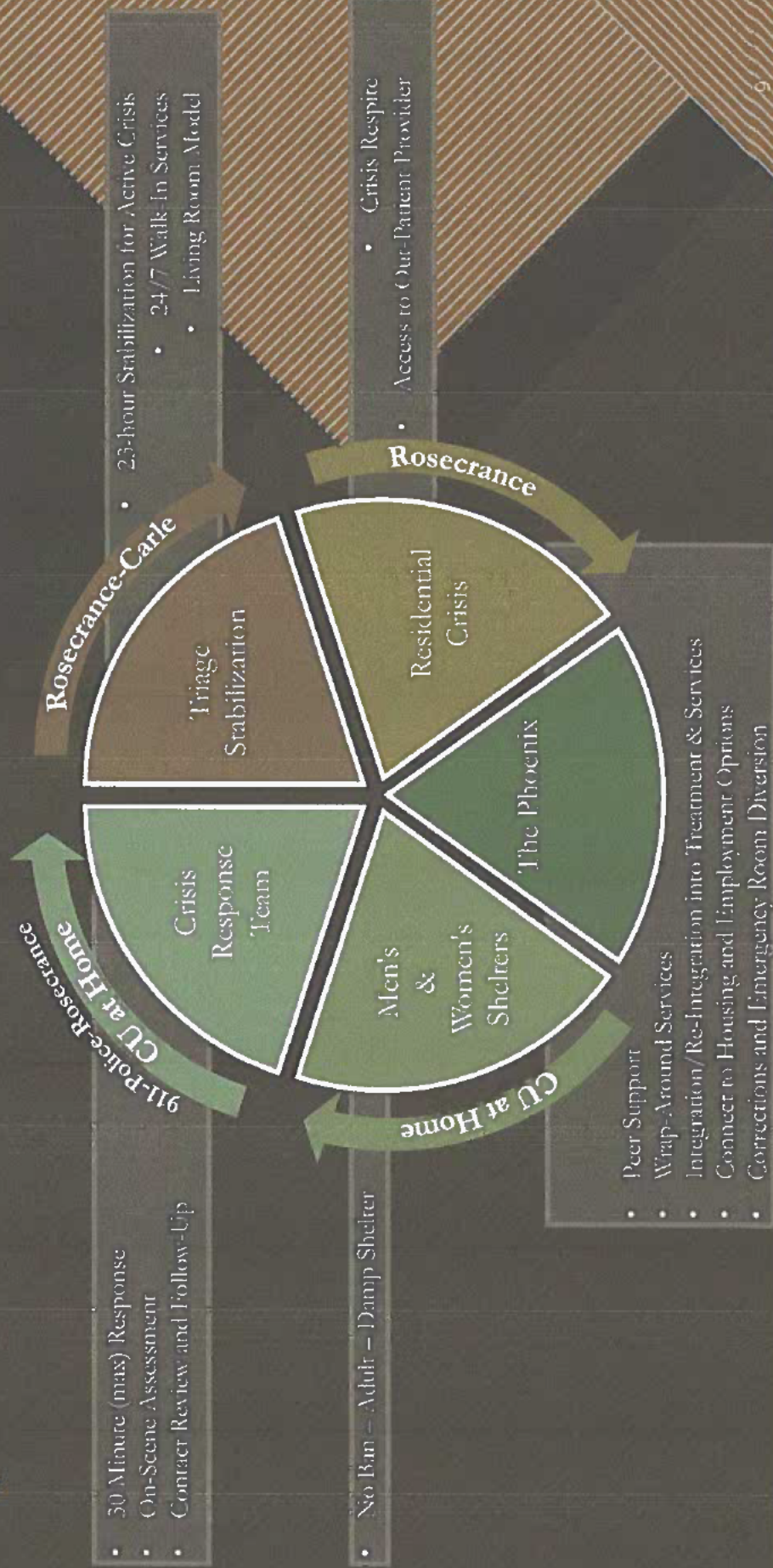
OPTIONS Solutions for dealing with individuals in crisis who do not meet criteria for arrest or involuntary admission

CASE MANAGEMENT Permits a proactive approach to address our community's most vulnerable consumers.

EDUCATION Regular interaction between social services, law enforcement, consumers, and other stakeholders provides a platform for all to learn and grow together.

ADVOCACY A direct approach is made on specific issues to facilitate civic engagement and collective action

The Other Side of the Door



(12)

What is the cost

- Capital Budget
 - Current \$720,000
 - Additional \$500,00 to \$800,000

- Training Budget
 - Current \$0.00
 - Additional \$55,00

- Recurring Program Budget
 - Current \$915,000
 - Additional \$1.292 million

- New Financial Commitment Required Year One: \$1.847 million to \$2.147 million

- New Financial Commitment Required Year Two and Beyond: \$1.292 million

- Total Financial Commitment Required Year Two and Beyond: **\$2.207 million**

Questions

Where will the facility be located?

70 E Washington St, Champaign

Will the facility be open 24 hours a day?

The One Door will never close

Can the general public access the facility?

Yes, anyone in crisis may come to the door. A citizen does not need to be brought to the facility by law enforcement.

Will CU at Home's current services still be available?

Yes, a separate door will grant direct access to The Phoenix, shelters and other services

When will One Door open for business?

70 E. Washington needs physical enhancements. An architect is working on plans and a contractor will begin work soon. We anticipate completion by early 2021

Is One Door a program?

No. One Door is convenient care for a non-medical crisis. The individual in crisis will be offered stabilization and a referral to the appropriate specialist for treatment.

Will the crisis team respond county-wide when One Door opens?

A pilot program will begin with the Urbana Police Department. When all partners are comfortable, the team will expand county-wide. Expect the pilot to last 3 to 6 months

Will One Door be a secured facility?

No. With one exception, entering the facility will be voluntary. The crisis team will analyze anyone entering the facility on a Petition of Involuntary Admission. If the individual is to be held on the petition, the team will arrange for alternative placement.

Thank You

Lt. Joel R. Sanders
Urbana Police Department
217-384-2320
sanderjr@urbanaininois.us

#8.B.



BRIEFING MEMORANDUM

DATE: October 21, 2020
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: PY2022 Allocation Priorities and Decision Support Criteria

Overview:

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Mental Health Board (CCMHB) Program Year 2022, July 1, 2021 to June 30, 2022. Funding priorities and decision support criteria are a framework for how contracts with service providers further the mission of the Board. Staff recommendations are based on Board and stakeholder input and our understanding of best practices and state/federal service and payment systems. This draft is presented to the CCMHB for consideration and will be shared with providers, family members, advocates, and other stakeholders. Their feedback and that of the Board will inform a revised draft for action at a later meeting of the Board.

Statutory Authority:

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

The Operating Environment Prior to 2020:

In previous decision support and priorities memoranda, we have described an operating environment and related challenges for people who have mental health conditions, substance use disorders, or intellectual and developmental disabilities (I/DD), as well as their family members and networks of supporters, providers of service, and even our own planning and funding activities. During some years, the service system has felt in free-fall, such as the two-year period during which Illinois did not have a budget and many areas lost provider capacity. In other years, the barriers to care have increased due to shifts in funding and regulatory complexity. In defiance of the definition of crisis, the system was in one for years, and 2020 further exposed and exacerbated known gaps.

State and federal systems, including health care coverage, mental health and addiction treatment, long-term supports, and related regulations or their enforcement are complex and 'evolving.' Systems of care, safety net, and local economies are all vulnerable, and some proposed changes would make it even more difficult for people who have behavioral health conditions and/or disabilities to secure services, participate in communities, and control their own service plans.

- The chaotic policy and funding environment is stressful for people who rely on services and contributes to "change fatigue" among providers and families, further eroding a system which already struggles to retain a qualified workforce.
- The need for workforce development is acknowledged, and some loan forgiveness programs made available, but these efforts do not keep pace with losses.
- Mental health parity laws vary from state to state and are difficult to enforce. Even when enforced, strong parity laws reach only to insurance products and not to the service array itself.
- An 1115 waiver promises to test integration of behavioral and physical healthcare, along with other innovative, evidence-based approaches. The rollout has not been smooth; to take one example, changes in crisis service categories and rates have not benefited our community, requiring advocacy at the legislative level.
- Medicaid reimbursement rates remain below the actual cost of services. The rate paid for each service is inclusive and taken as payment in full, so that providers cannot charge more for a covered service to an eligible person or accept a third-party payment. Inadequate rates and outdated rules have made it difficult for community-based providers to meet the needs of people who use Medicaid. Managed Care contracting presents another layer of challenges for community-based providers, insured persons, and other funders.

While federal and state issues are complicated, we have sought to identify opportunities, whether through direct CCMHB funding of agencies, helping agencies to secure other funding, promoting system redesign and innovation, coordinating across services, providing more specific assistance to individuals with qualifying conditions, increasing community awareness and education, or other. CCMHB works with advocates and providers to identify supports and services which improve outcomes for people and promote a healthier, more inclusive community, and supports and services which are indicated and preferred but not covered by other payors.

The Operating Environment After 2020:

The U.S. Centers for Disease Control and Prevention (CDC) offers a snapshot of mental health issues associated with COVID-19 morbidity, mortality, and mitigation activities:

- "U.S. adults reported considerably elevated adverse mental health conditions associated with COVID-19. Younger adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation."
- "The public health response to the COVID-19 pandemic should increase intervention and prevention efforts to address associated mental health conditions. Community-level efforts, including health communication strategies, should

prioritize young adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers.”

- “To reduce potential harms of increased substance use related to COVID-19, resources, including social support, comprehensive treatment options, and harm reduction services, are essential and should remain accessible. Periodic assessment of mental health, substance use, and suicidal ideation should evaluate the prevalence of psychological distress over time. Addressing mental health disparities and preparing support systems to mitigate mental health consequences as the pandemic evolves will continue to be needed urgently.”

(from Czeisler, Lane, Petrosky, et al in “Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24-30, 2020” as reported in the CDC’ Morbidity and Mortality Weekly Report August 14, 2020)

There is a growing appreciation of public health systems and the population health approach, which could lead to a clearer collective understanding of behavioral health as well. Meanwhile we are still living through the COVID-19 crisis and cannot account for long term effects of the pandemic or related impacts, let alone accurately predict critical considerations for the Program Year 2020. Early thoughts are offered:

- Relief funding received by agencies may not become permanent, creating new shortfalls. This short-term funding will also complicate financial accounting and present new risks, such as those associated with funding as payor of last resort;
- People who had not previously sought support for behavioral health concerns are entering a system which is not prepared for the new demand;
- People may be coping with new physical and behavioral health concerns directly and indirectly related to COVID-19;
- Many people who have lost employment will rely on Medicaid coverage for the first time and during a time when the provider shortage continues to deepen;
- Dramatically different personal outcomes are emerging along the racial, ethnic, and socio-economic fault-lines in our service system;
- Deepening or new stressors, such as grief, isolation, and financial insecurity will contribute to the diseases of despair, including addiction and depression, and may persist for many years;
- To a degree we cannot measure, people may be delaying therapies or in other ways holding their breath until communities have fully reopened and ‘normalized’. By that time, children may have lost progress, people of all ages may be managing trauma effects, and providers again unprepared for the backlog.

Expectations for Minimal Responsiveness:

Applications that do not meet these expectations are “non-responsive” and will not be considered for funding. All agencies must be registered using the online system, at <http://ccmhddbrds.org>. The application must be completed using this system, with all required forms completed and submitted by the deadline. Accessible documents and technical assistance, limited to navigation of the online tools, are available upon request through the CCMHB staff.

1. Eligible Applicant, based on completed Organization Eligibility Questionnaire.

2. Compliance with application deadline. *Late or incomplete applications will not be accepted.*
3. Proposed services or supports must relate directly to mental health, substance use disorder, or intellectual/developmental disabilities. **How will they improve quality of life for people with behavioral health conditions or I/DD?**
4. Application must include evidence that other funding sources are not available to support this program or are maximized. Other potential sources of support should be identified and explored.
5. Coordination with providers of similar or related services must be demonstrated.

To preserve the CCMHB's emphasis on PY2022 allocation decision criteria, all applications should align with one or more of the priorities below. Applications should describe the relationship between the proposed service and mental health, substance use disorders, or intellectual/developmental disabilities. Applicants are encouraged to review the PY2021 program summaries and board discussions from April and May of 2020, as observations made during the previous review cycle may be helpful in the development of PY2022 requests for funding.

"I wouldn't trade being manic depressive bipolar for a normal life. It is full of ups and downs, but the palette I was given to color my world is so bright, and so black, I'm so blessed. I live to share what it is that makes me strive through the vast expanse of my canvas. Onwards towards the wilderness."

– Elijah Griffin

Assessed Needs of Champaign County Residents:

Champaign County residents who participated in our 2018 community needs assessment identified unsurprising barriers: limited provider capacity, limited ability to pay, transportation issues, services hard to figure out/not well coordinated, belief that the service or provider will not be helpful, and stigma about the condition. In the moment of need for service, finding clear information is already a tough task; add that the system includes many smaller formal partners with specialized resources, and some may give up on navigating to the right kind of help.

The 2021 community needs assessment will rely on findings from a collaborative of public and private entities with similar responsibilities for assessment and strategic plans. This is a work in progress, with CCMHB staff included. Current surveys conducted through Champaign Urbana Public Health District have again identified behavioral health and gun violence as top priorities for citizens of the County.

Related to behavioral health and community violence are a number of the public comments shared during listening sessions on policing and hosted by the City of Champaign. Across five sessions held in September and October, citizens identified the need for improved mental health crisis response and interventions. Possible solutions were also mentioned, many of which are familiar to the CCMHB and partners: mobile crisis response, prevention and training programs for youth and adults, wraparound services, trauma-informed systems, adult diversion, mental health services for people with I/DD, housing as a solution for housing instability, and more.

In April and June reports to the Board, agencies summarized COVID-19 related changes in services and in the needs reported to them by people served. While some activities were successfully offered in online platforms and useful to those with access to technology, some must be delivered in person. The State identified behavioral health and disability support providers as 'essential workers,' for whom physical safety measures involved new expenses and new personal pressures. Most positive programming for young people, specialized therapies, residential supports, and crisis services call for face-to-face service delivery. The demand for these services increased initially and is expected to continue rising even after impacts of the pandemic have come under control.

The support needs of people with Intellectual and Developmental Disabilities (I/DD) are tracked through the Illinois Department of Human Services' monthly reports of all who are enrolled in PUNS (Prioritization for Urgency of Need for Services). The September 2020 report shows that Champaign County residents with I/DD seek, in rank order: personal support, transportation, employment support, behavioral support, and residential support. Through a contract with the Champaign County Developmental Disabilities Board (CCDDDB), the Independent Service Unit enquires about additional preferences, and during PY2020, eligible residents prioritized dining out, movies, sporting events, and other recreation, activities enjoyed by other members of our community prior to 2020. Planning should honor the desire of people with I/DD to enjoy the same opportunities.

Program Year 2022 CCMHB Priorities:

As an informed purchaser of service, the CCMHB considers best value and local needs and strengths when allocating funds. The service system, which also includes programs and resources *not* funded by the CCMHB, should balance health promotion, prevention, wellness recovery supports, early intervention, effective treatments, and crisis response, and it should ensure equitable access across ages, races, and neighborhoods.

Priority – Crisis Response and Intervention

Community-based behavioral health and other resources that lead to wellness should be available to people who have significant 'problems in living' when and where they appear to be in need of support. These supports should reduce unnecessary or inappropriate institutional care (hospitals, prisons, jails, e.g.) and counterproductive encounters with law enforcement or other systems not designed to address serious mental illness or addiction issues. The safety of individuals in crisis, their families, and members of their community are all important; qualified professionals, including certified peer

supporters, should engage people where they are and connect them to care, to help people move toward wellness and away from criminalization or containment. Without a functional crisis response system and effective interventions, individuals suffer, and other public systems are stressed.

Collaborations of law enforcement, local government and funders, service providers, and stakeholders emphasize: data sharing and analysis; Drug Court coordination; brief screening, case management, peer support, and benefits enrollment for people in jail; and coordinated supports for those in reentry. Recommendations from a previous project funded by US Department of Justice and the CCMHB are still relevant: strengthen the system; create a coordinating council; add case management for those served by the Public Defender's office; and explore feasibility of a 24 hour 'crisis center' or alternative, such as coordinated crisis interventions across the community. Where there is overlap with public safety or public health interests, co-funding by appropriate entities will amplify these efforts and ensure we are not duplicating or interfering with similar work.

Supports and services should: improve health and quality of life; connect people to care and out of crisis; increase access to effective treatments; reduce contact with law enforcement and inappropriate incarceration or hospitalization; decrease length of stay in jails and hospitals; and facilitate successful, healthy transition to the community:

- *Programs offering an alternative to crisis, hospitalization, arrest, booking, or charging* may include intensive case management, Assertive Community Treatment, enhanced crisis response (access to detox/stabilization, triage center, or assessment leading to care), counseling and other supports for youth with juvenile justice involvement and their families;
- *Access to treatment/connection to care*, for those with justice system involvement, history of crisis or hospitalization, or chronic homelessness/houselessness as a result of mental illness or substance use disorder, may include benefit enrollment, coordination of discharge/transition to community, peer mentoring and support, and group work (Moral Reconciliation Therapy and anger management, e.g.);
- *Services disrupting the cycle of violence* may include counseling, case management, and crisis support (for survivors of violence or abuse) and trauma-informed programming (for survivors of violence and/or people of any age with justice involvement or in re-entry.)

Priority – Innovative Practices and Access to Behavioral Health Services

Insufficient safety net systems not only lead to unnecessary incarceration and crisis contacts but also to more serious symptoms and loss of life. Community awareness, system advocacy and coordination, and better access to resources are all needed.

Problems of living include untreated conditions for which treatment can be effective and which are compounded by financial and housing insecurity, also barriers to access.

The **social determinants of health** (access to food, healthcare, and housing, e.g.) impact behavioral health but have not been the traditional purview of behavioral health systems. Collaboration and co-funding by other appropriate entities will add value to an application and ensure that we are not duplicating or interfering with similar efforts.

Barriers to community care include: stigma, siloed care, outdated regulations, insufficient provider capacity, difficulty securing insurance coverage, high costs of care even with coverage, and limited transportation or resources. To increase access to care and support innovations which are not otherwise funded:

- *Guiding people to services which are billable to insurance, through wellness and recovery supports, mobile crisis response, home visits, transportation, specialized case management (in some cases used as match for supportive housing), and self-advocacy/self-determination;*
- *Enrollment in well-matched health plans, using benefits enrollment specialists and system navigators, outreach and education, and benefits counseling, such as SSI/SSDI Outreach, Access, and Recovery (SOAR);*
- *Offering treatment services to people with severe mental illness and no insurance;*
- *Innovations which narrow gaps in the service system and improve outcomes for people, such as assistance for caregivers, social connections or seniors, employment services, community living support, suicide prevention education;*
- *Building resilience, recovery, and a greater sense of collective wellness through youth and adult peer support and mentoring, groups which foster creativity and the sharing of creative efforts, and the promotion of stress management through physical activity, music, etc.*

Priority – Systems of Care for Children, Youth, Families

For two decades, the CCMHB has focused on **youth** with multi-system involvement, funding evidence-based programs to reduce juvenile justice system contact among those with serious emotional disturbance. Several programs promote positive youth development. The System of Care for Youth and Families includes initiatives for summer youth programming and community crisis response to mitigate the harm caused by gun violence, racial trauma, and other. Where such community efforts overlap with public safety and public health interests, co-funding by appropriate entities will strengthen this work and ensure that we are not duplicating or interfering with similar efforts.

The CCMHB has also funded programs for **young children**, including perinatal supports, early identification, prevention, and treatment. Coordination of early childhood provider organizations has resulted in a Home Visitors Consortium, a “no wrong door” System of Care for very young children and their families, building self-determination and resilience, with consideration of the negative impacts of Adverse Childhood Experiences. Programs may also serve children who have an identified developmental delay or disability (DD) or risk, as well as offering supports for the families of these children, aligned with Collaboration with the Champaign County Developmental Disabilities Board (CCDDDB) priority below.

For best outcomes and to avoid criminalizing behavioral and developmental issues, Systems of Care should be strength-based, well-coordinated, family-driven, person-centered, trauma-informed, and culturally responsive. Early involvement improves individual and community health and disrupt poverty. Year-round, positive opportunities for all Champaign County children, from birth through young adulthood, should

maximize social/emotional success and help them stay excited about learning. Success is sustainable when families and communities are resilient. Of interest are:

- *Family-driven and youth-guided organizations* which acknowledge the role of peer support and mentoring, coordination, and system planning and advocacy;
- *Behavioral health supports* organized through partnerships such as the Community Coalition or the Home Visitors Consortium;
- *Evidence-based, evidence-informed, innovative, or promising programs* for children or youth who have been impacted by trauma or a mental, behavioral, or emotional disorder or who have multiple system involvement;
- *Positive programs for girls, young women, and youth of any gender*, to mirror successful programs for males.

Priority - Collaboration with the Champaign County Developmental Disabilities Board

The Intergovernmental Agreement with the Champaign County Developmental Disabilities Board (CCDDDB) requires integrated planning concerning Intellectual and Developmental Disabilities (I/DD) allocation decisions and includes a specific CCMHB set-aside, which for PY2022 will likely total \$728,818 (PY2021 amount of \$696,137 plus an increase equal to increase in the property tax levy extension, adjusted by previous CILA contribution of \$50,000 per year). In addition to funding agency programs, the Boards share a Community Integrated Living Arrangement (CILA) Expansion project, which has enabled the purchase, improvement, and maintenance of two small group homes for people with I/DD who would otherwise be unable to live in this community. This effort aligns with the Ligas Consent Decree and Olmstead Decision. The CILA Project is being revisited, likely through a separate, detailed Request for Proposals, in an effort to continue responding to community needs.

This commitment to young children continues for PY2022, with a focus on social-emotional and developmental needs of very young children, with involvement from and support for their families. The CCMHB has funded such programs along with behavioral health supports for very young children and their families, and for which service providers collaborate toward a System of Care for children and families. Services and supports not covered by Early Intervention, for young children with developmental and social-emotional concerns, might include: coordinated, home-based services addressing all areas of development and taking into consideration the needs of the family; early identification of delays through consultation with child care providers, pre-school educators, medical professionals, and other providers of service; education, coaching, and facilitation to focus on strengthening personal and family support networks; identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces.

Overarching Considerations:

Underserved/Underrepresented Populations and Countywide Access

Programs should promote access for underserved /underrepresented populations as identified in the "2001 Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity" and by the Substance Abuse and Mental Health Services Administration. This

overarching consideration further emphasizes the theme, across priority areas and service types, of connecting people to care appropriate to their needs and strengths. Correcting disparities associated with race, ethnicity, culture, and language is critically important. To take three examples closely related to priority categories:

Trauma history: Psychiatrists and other providers have developed an awareness of the impacts of sexual trauma and gender inequity. Individual narratives are built from family history and systems, childhood memories, culture, and biology, but the regular impacts of racism as trauma are largely unexamined:

- Mental health services are disproportionately inaccessible by people of color, and only 2% of psychiatrists identify as Black;
- Significant racial disparities in diagnosis include Black patients twice as likely as white ones to be diagnosed with serious mental illness;
- Adverse Childhood Experiences (ACEs) build a trauma history predicting future physical and mental health concerns. The impacts of abuse, neglect, parental substance use disorder, parental absence, marital violence, and similar are acknowledged. While recent surveys include experiences of racism as ACEs, the CDC does not yet count them among official causes of harm;
- Mental health providers should observe and identify racial trauma as part of evaluation and treatment; as with all trauma disclosure, patients may need time and clinicians education in order to discuss impacts safely and effectively.

(from "Including Racism in a Trauma History: A Clinician's Reflections" by Mindy Oshrain, MD, August 24, 2020)

Justice system involvement: "African Americans are more likely than white Americans to be arrested; once arrested, they are more likely to be convicted; and once convicted, and they are more likely to experience lengthy prison sentences... African-American adults are 5.9 times as likely to be incarcerated than whites and Hispanics are 3.1 times as likely. As of 2001, one of every three black boys born in that year could expect to go to prison in his lifetime, as could one of every six Latinos - compared to one of every seventeen white boys. Racial and ethnic disparities among women are less substantial than among men but remain prevalent."

(from The Sentencing Project: Research and Advocacy for Reform. Report to the United Nations on Racial Disparities in the US Criminal Justice System, 2018.)

Delayed early diagnosis: Black children are almost 5.5 years old before they receive a diagnosis of autism. Diagnosis and effective treatment can begin as early as age 2, making this is a critical delay with harmful outcomes. Washington University researchers studied 584 Black children seen in autism specialty centers and found:

- Diagnosis of autism occurred six months later than for their white peers;
- This delay occurred in spite of parents having reported their concerns about the child's development for more than three years and to multiple specialists;
- This delay was not associated with access to health insurance;
- Although autism prevalence is consistent across racial groups, there was a disproportionate burden of I/DD in this sample, with absence of predictive factors, and researchers warn that racial disparities should be taken very seriously.

(as reported in "Black Children Wait Longer for Autism Diagnosis" by Shaun Heasley, Disability Scoop, August 25, 2020)

A Cultural and Linguistic Competence Plan (CLCP) is required of each applicant organization, and the online 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 early identification and treatment for members of underrepresented populations, reduction of racial disparities in justice and child welfare systems, and disproportionate trauma impacts. Underserved groups and people living in rural areas should have access to quality services; engagement strategies should be identified which might overcome barriers related to stigma and infrastructure and reach even those who are seeking support for the first time.

Inclusion and Anti-Stigma

Proposals for funding 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, inhibits economic self-sufficiency, and increases vulnerability. It may even be a driver of declining State and Federal support for effective treatments. Stigma harms communities and individuals, especially those 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 routine contacts with other people, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation activities, or other social clubs/networks. Community involvement 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 lower the stigma in communities where traditional services are lacking but networks of support could be strengthened. Recognizing that lives are lost when stigma prevents people from seeking support, the CCMHB has an interest in building resilience, community awareness, and inclusion, as well as directly challenging negative attitudes and discriminatory practices. Stigma is worsening, in spite of the American Psychiatric Association's finding that people with mental illness are more likely to be victims of gun violence than perpetrators.

Outcomes

Proposals for funding should identify measures of access for people seeking to participate in the program and of outcomes expected to result from this participation. Because defining and measuring valuable outcomes can be a challenge, the Board offers support through a research team from University of Illinois at Urbana Champaign's Department of Psychology, with 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. Applicant organizations reporting on outcomes to

other funders may choose to include those outcomes, if relevant, in their application for CCMHB funding. Unlike the healthcare system, where process measures dominate (e.g., lower blood pressure), behavioral health asks if people's lives are better as a result of the service. Outcomes reflect what people want and demonstrate a program's successes.

Coordinated System

Toward a more inclusive, efficient, and effective local system, proposals should include evidence of collaboration and should acknowledge other resources and how they are linked. In recent years, the CCMHB has emphasized coordination and collaboration, not only to avoid overserving and overspending but also to reach our least connected residents. Of interest are: collaborations with other providers and stakeholders (schools, support groups, hospitals, advocates); a commitment to updating information in any resource directory databases; participation in trainings, workshops, or council meetings with providers of similar services; and partnerships which go further to make sure that all who have a need are reached. Any written agreements should include details of coordinated services, referral relationships, or partnerships between providers. Applications for funding should acknowledge these relationships. A joint application may be submitted by two or more agencies with common goals, proposing services and supports or shared infrastructure, such as office space, data systems, and professional services. Collocation of various organizations' supports through community centers (such as worksites, churches, libraries, other 'hubs') or mobile service has the potential to reach underserved people who live in rural areas or neighborhoods with low access to health, behavioral health, social services, and other resources.

Budget and Program Connectedness

Proposals require a Budget Narrative explaining the relationship between anticipated costs and program components. Clarity about what the Board is buying includes the relevance of all expenses, direct and indirect. Per Funding Guidelines, calculation and rationale should be explicit as to the relationship between each expense and the value of the program. Programs offering services billable to Medicaid should identify non-billable activities and costs to be charged to the CCMHB. While CCMHB funds should not pay for 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.

Added Value and Uniqueness

Applications should identify specific, even unique, features of the approach, the staff, and the funding mix. 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. Staff Credentials: Highlight staff credentials and specialized training. Resource Leveraging: While leveraging is strictly interpreted as local match for other grant funding, describe all approaches which amplify CCMHB resources: state, federal, and local funding; volunteer or student support; community collaborations. If CCMHB funds are to be used to meet a match requirement, reference the funder requiring match and identify the match amount in the Budget Narrative.

Process Considerations:

Priority areas and overarching considerations will be used as discriminating factors which 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 eligibility questionnaire, before receiving access to online application forms. 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 Board documents are on the public page of the online 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 support needs of people who have mental health conditions, substance use disorders, or intellectual/developmental disabilities. The nature and scope of applications may vary widely and may include prevention and early intervention models. A numerical rating 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 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 for funding 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 2022 but later than July 1, 2021, 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, 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 staff discretion, may be disqualified from consideration.

- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon 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 and residents of Champaign County.
- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of the CCMHB and residents of Champaign County.
- Submitted applications 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 negotiation, 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 agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of contract award.
- 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.
- To be considered, proposals must be complete, received on time, and responsive to the application instructions. Late or incomplete applications will be rejected.
- If selected for funding, the contents of a successful application will be developed into a formal contract. 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 the application has misrepresented the applicant's ability to perform.
- The CCMHB reserves the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated as a result of this 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 CCMHB may deem some programs as appropriate for two-year contracts.



Resolution to Transfer Real Estate from the Champaign County Mental Health Board to the Champaign County Board for Care and Treatment of Persons with a Developmental Disability

Whereas the Champaign County Mental Health Board (hereinafter "MHB") acquired the below listed parcels of real estate in 2015 with the intent to operate Community Integrated Living Arrangement Homes (CILA's); and

Whereas the MHB entered into agreements with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability (hereinafter "DDB") to essentially act as long-term equal partners in the operation of these CILA homes; and

Whereas the MHB has entered into lease agreements with Individual Advocacy Group, Inc. to lease and operate these homes; and

Whereas the MHB has entered into property management agreements with Joel Ward Homes concerning these homes; and

Whereas on September 23, 2020 both the MHB and the DDB have passed motions to transfer the legal title to these homes from the MHB to the DDB; and

Whereas it is in the best interests of both entities and to the clients residing in the CILA homes to transfer both practical ownership and management and legal ownership to the DDB; and

Whereas this Resolution was/is presented to the MHB on the 21st day of October, 2020 upon Motion of _____ and Seconded by _____, and after discussion, a roll-call vote was held with results as follows:

	<u>YES</u>	<u>NO</u>	<u>Absent</u>	<u>Present</u>
<u>Fowler</u>				
<u>Moore</u>				
<u>Palencia</u>				
<u>Patterson</u>				
<u>Rappaport</u>				
<u>Sprandel</u>				
<u>Wirth-Couch</u>				
<u>Youakim</u>				
<u>Omo-Osagie</u>				

Totals:

Whereas the above votes "Yes" for this agreement are two-thirds or more as required by 50 ILCS 605/1, et. Seq.; and

Whereas the real estate parcels to be transferred are:

Lot 321 in Minor Lake West Number 3 Subdivision, as per Plat recorded in Plat Book "CC" at Page 211, situated in Champaign County, Illinois. PIN: 03-20-21-204-038. 3506 Royal Oak Ct., Champaign ,IL 61822 and Lot 715 in Glenshire Subdivision No. 7, as per Plat recorded in Plat Book "CC" at page 137, situated in Champaign County, Illinois. PIN: 44-20-16-375-046. 3707 Englewood Drive, Champaign, IL 61822

IT IS HEREBY RESOLVED AS FOLLOWS:

1. The President of the MHB is directed to transfer legal title to the above parcels to the DDB, with the MHB Secretary to attest to the transfer document(s.)
2. The lease agreements and any property management agreements, or any similar agreements, are to be transferred and assigned from the MHB to the DDB and our Executive Director, Lynn Canfield, may enter into these transfers and assignments on behalf of the MHB with no further actions by the MHB.
3. That our Executive Director, Lynn Canfield, is directed to have new "partnership" agreements drawn between the MHB and the DDB concerning the operations, cost sharing, and possible ultimate sale of these "CILA" properties to reflect the change in ownership, but to retain the partnership concepts, for execution by the MHB and the DDB.
4. That, if this resolution passes by a two-thirds vote, our Executive Director is instructed to record this document with the Champaign County Recorder of Deeds, prior to the execution of deeds to transfer ownership.

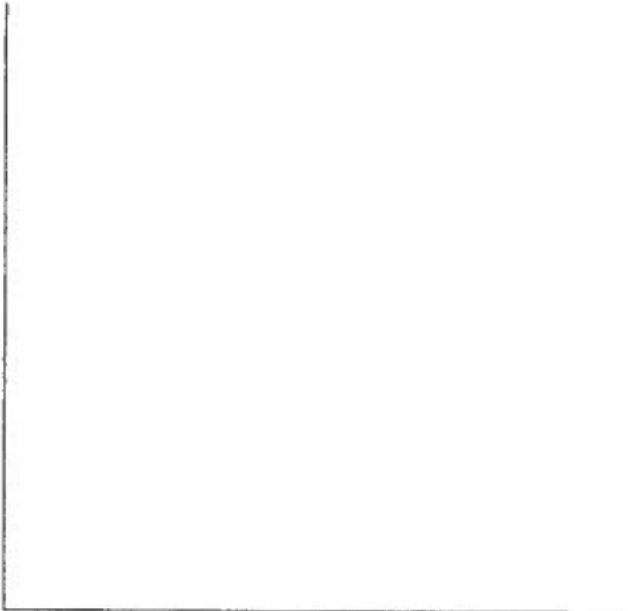
Be it so Resolved and approved this 21st day of October, 2020.

MHB President, Joseph Omo-Osagie _____

ATTEST:

MHB V.P./ Secretary, Kyle Patterson _____

WARRANTY DEED



THE GRANTOR, the CHAMPAIGN COUNTY MENTAL HEALTH BOARD, a public body corporate and politic of the County of Champaign and the State of Illinois, for ten dollars (\$10.00) and other good and valuable consideration, in hand paid, does hereby convey and warrant to the CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY, a public body corporate and politic of the County of Champaign and the State of Illinois, with both of the aforementioned governmental entities having a mailing address c/o Executive Director Lynn Canfield at 1776 East Washington St., Urbana, IL 61802, the following described real estate situated in the County of Champaign in the State of Illinois, to wit:

Lot 321 in Minor Lake West Number 3 Subdivision, as per Plat recorded in Plat Book "CC" at Page 211, situated in Champaign County, Illinois.

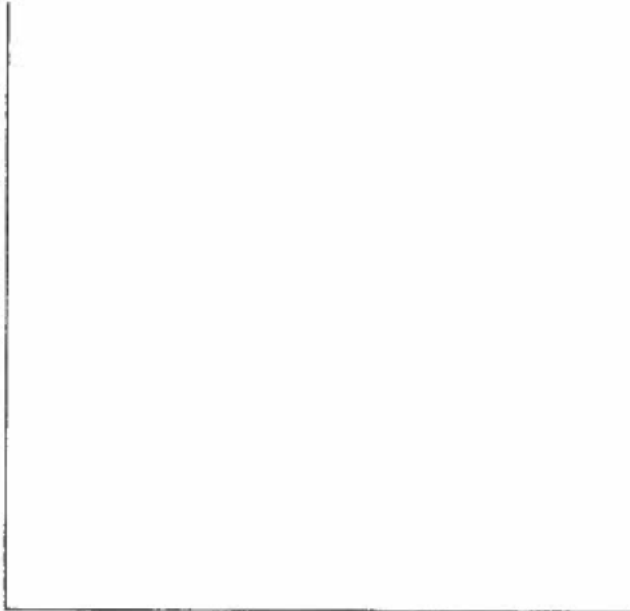
- Subject to:
1. Real estate taxes, if any, for the year 2020 and subsequent years;
 2. Covenants, conditions, restrictions and easements apparent or of record;
 3. All applicable zoning laws and ordinances;

PIN: 03-20-21-204-038

Common Address: 3506 Royal Oak Ct., Champaign, IL 61822

Dated: October _____, 2020

WARRANTY DEED



THE GRANTOR, the CHAMPAIGN COUNTY MENTAL HEALTH BOARD, a public body corporate and politic of the County of Champaign and the State of Illinois, for ten dollars (\$10.00) and other good and valuable consideration, in hand paid, does hereby convey and warrant to the CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY, a public body corporate and politic of the County of Champaign and the State of Illinois, with both of the aforementioned governmental entities having a mailing address c/o Executive Director Lynn Canfield at 1776 East Washington St., Urbana, IL 61802, the following described real estate situated in the County of Champaign in the State of Illinois, to wit:

Lot 715 in Glenshire Subdivision No. 7, as per Plat recorded in Plat Book "CC" at Page 137, situated in Champaign County, Illinois.

- Subject to:
1. Real estate taxes, if any, for the year 2020 and subsequent years;
 2. Covenants, conditions, restrictions and easements apparent or of record;
 3. All applicable zoning laws and ordinances;

PIN: 44-20-16-375-046

Common Address: 3707 Englewood Drive, Champaign, IL 61822

Dated: October _____, 2020

Champaign County Mental Health Board
President Joseph Omo-Osagie

Attest:

Champaign County Mental Health Board
V.P. / Secretary Kyle Patterson

STATE OF ILLINOIS)
) SS
COUNTY OF CHAMPAIGN)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT Joseph Omo-Osagie, President, and Kyle Patterson, V.P./ Secretary, personally known to me to be the persons whose names are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed, and delivered the said instrument as their free and voluntary act, with the proper authority of the Champaign County Mental Health Board, for the uses and purposes therein set forth.

Given under my hand and official seal this _____ day of October, 2020.

_____ Seal:

(Notary Public)

This deed is exempt from Real Estate Transfer Taxes under 35 ILCS 200/31 45(b)(2) _____ Attorney Daniel Walsh

Prepared By: Daniel J. Walsh, of Counsel, Frederick and Hagle, 129 W. Main St., Urbana, Illinois 61801

Return to: Executive Director Lynn Canfield, 1776 East Washington St., Urbana, IL 61802



YES! I would like more information on the following *Watch Me Grow and More*™ services and products

- Community Services
- Education / Training
- Consultation / Technical Assistance
- Research and Evaluation
- Special Needs Programs / Services: _____

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Telephone: _____

Email: _____

Please mail completed form to:

Watch Me Grow and More™
c/o Dr. G
207 East McHenry Street
Urbana, IL 61801



Sign up today for
Watch Me Grow and More™
release and updates!

www.ChildDevelopmentHelp.com



**YOUR CHILD HAS
ALREADY STARTED
TO LEARN!**

**HERE'S HOW
YOU CAN HELP
YOUR YOUNG
CHILD ACHIEVE
GREATER
POTENTIAL....**



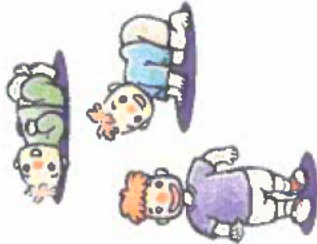
#8.D.

36

watch me **GROW** and more™

BY DR. G

Watch Me Grow and More™ by Dr. G is dedicated to providing quality products and services to help parents and communities enhance and maximize positive growth and development of young children.



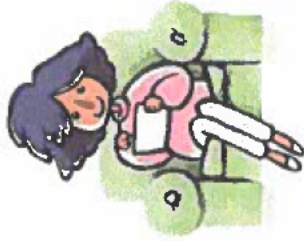
Designed by university child development researchers and practitioners, Watch Me Grow and More™ provides parents with a more individualized child development program than can be found in any magazine or book.



www.ChildDevelopmentHelp.com

Watch Me Grow™

is a unique online program and service that provides individualized activities that parents of young children (ages 1-36 months) can use in the comfort and convenience of their own home to enhance parent-child bonding while further stimulating young children's growth and development.



How it Works

-  Observe your child's actions and reactions to simple playtime events in the relaxed comfort of your own home.
-  Fill in the answers on our simple observation survey. We analyze the answers and select the activities most beneficial for your child.
-  Each month you'll receive a new activity kit. Activities are adjusted monthly as your child matures.
-  Activities focus on needed tasks and skills to enhance your child's level of development... physically, emotionally, and intellectually.



... and More

Other products and services are also available to further benefit parents of young children and supporting communities. These include some of the following:

-  Watch Me Grow Inventories
-  Parent Assessment of Child Scale
-  Self-Concept Test for Young Children
-  Parent-Child Look and Laugh Kit
-  Parents and Children Together-Community Screenings (PACT-CS)
-  Brain Box for Young Children
-  Special Games and Toys for Young Children



In addition to our unique research based and referenced products and services for parents and young children, we also take pride to be able to offer the following professional services:

-  Fun in Fitness Events (FIFE)
-  Education and Training Events and Programs for Professionals, Parents, and Other Lay Public
-  Consultation and Technical Assistance to Organizations and Individuals to Enhance their Abilities and Capabilities to Serve Parents and Young Children
-  Research and Evaluation to Identify and Assess the Best Practices that can be used to Maximize Growth and Development Potential of Young Children
-  Community Programs and Services to Facilitate Productive and Positive Parenting of Young Children



**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: October 21, 2020
RE: Contract Amendment Report

The Funding Guidelines include a section on contract amendments. The section gives the Executive Director authority to review and act on amendments, the Board President and the Executive Director discretion to bring amendments to the Board for action, while further stipulating certain requests must have Board approval. Regardless of the process applied to moving forward with an amendment, the Board is to be informed of all contract amendments.

Don Moyer Boys and Girls Club (DMBGC): All DMBGC contracts required an amendment as the mailing address recently changed to a P.O. Box. This required a technical change to the contracts. One amendment was issued encompassing all contracts to update the listed mailing address.

Mahomet Area Youth Club (MAYC): The impact of COVID-19 on MAYC included the closing of the BLAST program through the end of PY20 and into PY21. The Members Matter program closed temporarily and then reopened in the summer on a limited basis. However, diminished resources resulted in the program operating at a loss for PY20. The result was a BLAST program ending PY20 with excess revenue while the Members Matter program incurred a deficit. Well after the close of PY20, MAYC requested an amendment to redirect the excess revenue from BLAST to Members Matter. This initial request could not be fulfilled due to the expired term of the PY20 Members Matter contract and conditions associated with BLAST PY20-21 multi-year contract.

Several weeks later, MAYC requested a meeting to reconsider the request to retain the excess revenue. At the meeting, MAYC shared information on the financial hardship the agency was experiencing due to COVID coupled with the need to return the unexpended PY20 BLAST funds. Following the meeting, an alternative approach to redirecting the PY20 BLAST funds to the PY20 Members Matter was identified and agreed to by MAYC. The resulting amendment waives the provision requiring return of the excess revenue, then reallocates the excess revenue to the PY21 BLAST contract. It is anticipated that MAYC will request PY21 BLAST funds be redirected to the PY21 Members Matter contract later in the program year.

Promise Healthcare: The PY20 Promise Healthcare Mental Health Services and Wellness contracts have been amended again to extend the contract end date from September 30, 2020 to December 31, 2020. Contract payments were suspended in November 2019 due to continued delay in submitting the required audit. The extension enables the agency to receive suspended payments once the overdue audit has been submitted. While the payments have been held, Promise Healthcare continued to deliver contracted services through the end of the regular term of the PY20 contract.

#10.B.



**CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD**
**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD**

CCMHB 2020-2021 Meeting Schedule

First Wednesday after the third Monday of each month at 5:45 p.m.
Lyle Shields Room, Brookens Administrative Center
1776 E. Washington St., Urbana, IL (unless noted otherwise)
<https://us02web.zoom.us/j/81393675682> or 312-626-6799, Meeting ID: 813 9367 5682

October 21, 2020

October 28, 2020 – study session

November 18, 2020

December 16, 2020

January 20, 2021

January 27, 2021- study session

February 17, 2021

February 24, 2021- study session

March 17, 2021

March 24, 2021- study session (tentative)

April 21, 2021

April 28, 2021- study session

May 12, 2021- study session

May 19, 2021

June 23, 2021

July 21, 2021

**This schedule is subject to change due to unforeseen circumstances. Please call the CCMHB-CCDDB office to confirm all meetings.*



**CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD**
**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD**

CCDDB 2020-2021 Board Meeting Schedule

9:00AM except where noted

Brookens Administrative Building, 1776 East Washington Street, Urbana, IL
<https://us02web.zoom.us/j/81559124557> or 312-626-6799, with Meeting ID 815 5912 4557

November 4 – Lyle Shields Room – *tentative*

November 30 – Lyle Shields Room – *tentative*

December 16 – Lyle Shields Room

January 20, 2021 – Lyle Shields Room

January 27 – Lyle Shields Room – *tentative*

February 17 – Lyle Shields Room

March 17 – Lyle Shields Room

March 24 – Lyle Shields Room – *tentative*

April 21 – Lyle Shields Room

May 19 – Lyle Shields Room

June 23 – Lyle Shields Room

July 21 – Lyle Shields Room

August 18 – Lyle Shields Room – *tentative*

September 22 – Lyle Shields Room

October 20 – Lyle Shields Room

November 17 – Lyle Shields Room

December 15 – Lyle Shields Room - *tentative*

*This schedule is subject to change due to unforeseen circumstances.
Please call the CCMHB/CCDDB office to confirm all meetings.*

**DRAFT July 2020 to December 2021 Meeting Schedule with Subject and Allocation
Timeline, moving into PY2022 Process**

The schedule provides dates and subject matter of meetings of the Champaign County Mental Health Board through June 2021. The subjects are not exclusive to any given meeting, as other matters requiring Board review or action may also be addressed or may replace the subject listed. Study sessions may be scheduled with potential dates listed; topics will be based on issues raised at meetings, brought by staff, or in conjunction with the Champaign County Developmental Disabilities Board. Included are tentative dates for steps in the funding allocation process for Program Year 2022 (July 1, 2021 – June 30, 2022) and deadlines related to PY2021 agency contracts. **2020-2021 meetings are scheduled to begin at 5:45PM; these may be confirmed by contacting Board staff.**

7/15/20	Regular Board Meeting, Zoom online (off cycle) Approve FY2021 Draft Budgets
8/28/20	<i>Agency PY2020 4th Quarter Reports, CLCP Progress Reports, and Annual Performance Measures reports due</i>
09/23/20	Regular Board Meeting
09/30/20	Study Session
10/21/20	Regular Board Meeting Draft Three Year Plan 2019-2021 with 2021 Objectives Release Draft Program Year 2022 Allocation Criteria
10/28/20	Study Session
10/28/20	<i>Agency Independent Audits, Reviews, or Compilations Due</i>
10/30/20	<i>Agency PY2021 First Quarter Reports Due</i>
11/18/20	Regular Board Meeting Approve Three Year Plan with FY2021 Objectives Allocation Decision Support – PY22 Allocation Criteria
12/11/20	<i>Public Notice to be published on or before this date, giving at least 21-day notice of application period.</i>
12/16/20	Regular Board Meeting (tentative)
01/04/21	<i>Online System opens for Agency Registration and Applications for PY2022</i>
1/20/21	Regular Board Meeting: Election of Officers
1/27/21	Study Session: Mid-Year Program Presentations

1/29/21 *Agency PY21 2nd Q Reports and CLC Progress Reports due*

2/12/21 *Agency deadline for submission of applications for PY2022 funding. Online system will not accept forms after 4:30PM.*

2/16/21 *List of Requests for PY2022 Funding assembled*

2/17/21 **Regular Board Meeting**
Discussion of Board Members' Review of Proposals;
Mid-year updates on new agency programs

2/24/21 **Study Session: Mid-Year Program Presentations**

3/17/21 **Regular Board Meeting**
FY2020 Annual Report
(includes performance data from agencies for PY20)

3/24/21 **Study Session (tentative)**

4/14/21 *Program summaries released to Board, copies posted online with CCMHB April 21, 2021 meeting agenda*

4/21/21 **Regular Board Meeting**
Program Summaries Review and Discussion

4/28/21 **Study Session**
Program Summaries Review and Discussion

4/30/21 *Agency PY2021 3rd Quarter Reports due*

5/5/21 *Allocation recommendations released to Board, copies posted online with CCMHB meeting agenda*

5/12/21 **Study Session: Allocation Recommendations**

5/19/21 **Regular Board Meeting:**
Allocation Decisions; Authorize Contracts for PY2022

6/23/21 **Regular Board Meeting**

6/23/21 *PY2022 Contracts Completed*

7/21/21 **Regular Board Meeting**

8/27/21 *Agency PY2021 4th Q Reports, CLC Progress Reports, and Annual Performance Measure Reports due*

#12

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING**

Minutes—September 23, 2020

DRAFT

This meeting was held remotely and at the Brookens Administrative Center, Urbana, IL

5:45 p.m.

MEMBERS PRESENT: Thom Moore, Joseph Omo-Osagie, Elaine Palencia, Kyle Patterson, Julian Rappaport, Jane Sprandel, Jon Paul Youakim

MEMBERS EXCUSED: Susan Fowler, Kathleen Wirth-Couch

STAFF PRESENT: Kim Bowdry, Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo, Shandra Summerville, Chris Wilson

OTHERS PRESENT: Alison Meaner, NAMI; Laura Lindsey, Courage Connection; Nicole Sikora, DSC; Nicole Allen, Mark Aber, University of Illinois; Sara Balgoyen, Mahomet Area Youth Club (MAYC); Lisa Benson, Regional Planning Commission (RPC); Bobbie Herakovich, Champaign County Forest Preserve

CALL TO ORDER:

Mr. Kyle Patterson (Vice-President) called the meeting to order at 5:55 p.m. (President Omo-Osagie arrived at 5:56 p.m.) Executive Director Canfield was present just outside of the Lyle Shields Room at the Brookens Administrative Center as per the Open Meetings Act.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

Bobbie Herakovich from the Forest Preserve District spoke regarding an upcoming referendum and asked for people's support.

APPROVAL OF AGENDA:

The agenda was in the packet for review. The agenda was approved unanimously by a roll call vote.

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DRAFT

PRESIDENT'S COMMENTS:

Mr. Omo-Osagie thanked everyone for attending during trying times.

EXECUTIVE DIRECTOR'S COMMENTS:

Ms. Canfield reviewed the agenda.

NEW BUSINESS:

UIUC Building Program Evaluation Capacity Report:

Dr. Nicole Allen presented a report on activities undertaken and engagement with CCMHB funded programs to develop evaluation capacity and performance outcome measurement during PY20. The full report was included in the Board packet. Board members were given an opportunity to ask questions following the presentation.

CILA Update and Title Transfer:

A Decision Memorandum on the transfer of title of CILA properties from the CCMHB to CCDDDB was included in the Board packet. If each Board agrees, the attorneys will complete transfer of titles on the two properties currently used as CILA homes, from the Champaign County Mental Health Board to the Champaign County Developmental Disabilities Board.

If authorized, and once the transfers are completed, related agreements for services should be revised to name the CCDDDB as owner. In addition, a lower rental amount may be negotiated if IAG agrees to perform some maintenance tasks, lowering property management costs.

In the event IAG elects not to enter into lease agreements in 2021, the Boards may choose to sell these properties or to issue a new Request for Proposals, to identify a similar provider to continue offering CILA services in these houses. Because the RFP process takes some time, staff would prepare relevant documents and timeline upon direction from the Boards.

MOTION: Ms. Palencia to authorize transfer of title for each property from the CCMHB to the CCDDDB as described, pending approval by the CCDDDB. Ms. Sprandel seconded the motion. A roll call vote was taken and the motion was unanimously approved.

MOTION: Dr. Rappaport moved to authorize the CCDDDB/CCMHB Executive Director to revise the related agreements as described, pending similar action by the CCDDDB. Dr. Youakim seconded the motion. A roll call vote was taken and the motion was unanimously approved.

MOTION: Dr. Moore moved to authorize the CCDDDB/CCMHB Executive Director and staff to prepare a Request for Proposals to continue the CILA Facilities project, pending similar direction from the CCDDDB. Ms. Palencia seconded the motion. A roll call vote was taken and the motion was unanimously approved.

Director Canfield and staff will prepare a draft Request for Proposal (RFP) for Board review in the coming months.

CCMHB Three-Year Plan with Draft FY21 Objectives:

Mark Driscoll provided a brief overview. A draft of the Plan was included in the packet. The final document will be presented for CCMHB approval at the November 18, 2020 meeting.

AGENCY INFORMATION:

Mr. Omo-Osagie provided a brief report on recent Mahomet Area Youth Club (MAYC) activities.

OLD BUSINESS:

Revised CCMHB FY2021 Draft Budget:

A Decision Memorandum and FY2021 CCMHB and CILA Draft Budgets were included in the Board packet.

MOTION: Mr. Omo-Osagie moved to approve the presented 2021 CCMHB Budget, with anticipated revenues and expenditures of \$5,847,991. Ms. Sprandel seconded. A roll call vote was taken and the motion was unanimously approved.

MOTION: Ms. Palencia moved to approve the presented 2021 CILA Fund Budget, with anticipated revenues and expenditures of \$72,000. Payment to this fund is consistent with the terms of the Intergovernmental Agreement between the CCDDDB and CCMHB. Dr. Youakim seconded the motion. A roll call vote was taken and the motion passed unanimously.

disABILITY Expo Update:

A report was included in the Board packet for information only.

Schedules & Allocation Process Timeline:

Updated copies of CCMHB and CCDDDB meeting schedules and CCMHB allocation timeline were included in the packet.

CCDDDB Information:

The CCDDDB met earlier in the day. The CCDDDB meeting had similar agenda items as the CCMHB. The CCDDDB approved the proposed CILA business and budget documents.

Approval of CCMHB Minutes:

Minutes from July 15, 2020 meeting were included in the Board packet.

MOTION: Dr. Moore moved to approve the CCMHB minutes from July 15, 2020 as presented. Dr. Rappaport seconded the motion. A roll call vote was taken and the motion passed unanimously.

Staff Reports

Written staff reports from Kim Bowdry, Lynn Canfield, Mark Driscoll, Chris Wilson, Stephanie Howard-Gallo, and Shandra Summerville were included in the Board packet.

Board to Board Reports:

Dr. Rappaport attended a Rosecrance meeting.

Expenditure List:

A copy of the Expenditure List was included in the packet.

MOTION: Ms. Sprandel moved to accept the Expenditure List as presented. Mr. Omo-Osagie seconded the motion. A roll call vote was taken and the motion passed unanimously.

Board Announcements:

None.

ADJOURNMENT:

The meeting adjourned at 7:17 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

*Minutes are in draft form and subject to CCMHB approval.

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

STUDY SESSION

Minutes—September 30, 2020

DRAFT

This Meeting Was Held Remotely and at the Brookens Administrative Center

5:45 p.m.

MEMBERS PRESENT: Joe Omo-Osagie, Thom Moore, Elaine Palencia, Julian Rappaport, Elaine Palencia

MEMBERS EXCUSED: Susan Fowler, Kyle Patterson, Jane Sprandel, Kathleen Wirth-Couch

STAFF PRESENT: Kim Bowdry, Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo, Shandra Summerville

OTHERS PRESENT: Nicole Sikora, DSC; Pat Ege, Cunningham Children's Home

CALL TO ORDER:

Joe Omo-Osagie called the study session to order at 5:45 p.m. Executive Director Canfield was present just outside of the Lyle Shields Room at the Brookens Administrative Center as per the Open Meetings Act.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

PRESIDENT'S COMMENTS:

Mr. Omo-Osagie made a few comments regarding the study session topic.

DRAFT

STUDY SESSION:

PY2022 Allocation Priority Criteria:

The packet contained materials on current allocations by priority, various charts on past appropriations, and several pertinent articles on the impact of COVID-19. The discussion included:

- The CCMHB's involvement in behavioral health supports which reduce incarceration. Should the CCMHB commit more funds? Less? Should other organizations bear some of the cost?
- The importance of creativity and the arts in recovery and anti-stigma efforts.
- The need for multiple solutions for multiple problems. Supporting as many different programs as we can.
- Supporting prevention in multiple ways.

AGENCY INPUT:

None.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:15 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

**Minutes are in draft form and subject to CCMHB approval.*

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**Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities
Staff Report – October 2020**

CCDDB: Included in this board packet is the Utilization Summaries for PY2020 CCDDB and CCMHB I/DD Programs. This document shows each program's performance toward defined consumer outcomes during PY20. A combined Performance Outcome Reports document was also created and will be posted on <http://ccmhddbrds.org> for viewing.

2nd Quarter claims were created in the Online Reporting System for claims entry by the CCDDB programs. I provided support to programs having trouble with their claims and upload sheets.

CCDDB Mini-Grant: After the September approval of changes to two Mini-Grant agreements, I reached out to those families to let them know of the approval of their requests. I have been working with other families to finalize their purchases. I have had to become more strategic with the purchasing process due to the cost of recent purchases and delays with the USPS.

Learning Opportunities: Kim Bryan, Rattle the Stars, presented "RTS/C – Responding to Suicide with Compassion" in September. The event was held virtually and was well-attended by local agency staff.

Sierra Maniates and Jacqui Simmons Groves Prevention Educators from RACES will be presenting in October and November. "Working with Clients with Intellectual and Developmental Disabilities: Understanding and Responding to Sexual Violence" is scheduled for October 29, 2020 and "Working with Clients with Intellectual and Developmental Disabilities: Supporting Healthy Sexuality as Sexual Violence Prevention" is scheduled for November 19, 2020, each session is scheduled from 10AM-12PM.

In December, Ross Wantland, Director of Curriculum Development and Education, UIUC Office of the Vice Chancellor for Diversity, Equity, and Inclusion will be presenting, "Not So Small: Examining and Addressing Racial Microaggressions."

Each session offers Social Work CEUs, approved by the University of Illinois School of Social Work. There is an application process for approval of CEUs for each session. QIDP CEUs are also offered for each session.

MHDDAC: I participated in the monthly meeting of the MHDDAC.

NACBHDD: I participated in monthly I/DD committee calls.

Disability Resource Expo: I participated in Expo Steering Committee meetings. I administered all of the Expo Third Thursday Resource Round-up (TTRR) exhibitor recording events and sent each recording to Rev.com for English captioning and Spanish subtitles. In addition to being used for the TTRR events, the videos will be available on the Disability Resource Expo website. I also maintained the TTRR registration form and worked with the Expo Coordinators to assign

registrants to their requested Breakout rooms and I administered the Zoom session for the first TTRR event.

I participated in Zoom meetings with U of I Students working on behalf of the Expo to create short videos for Expo Exhibitors.

Other activities: I participated in over 15 webinars and multiple Facebook lunchtime chats.

I also participated in Zoom meetings with the United Way, Cunningham Township, the CCMHB, Path, Dr. Anita Chan, and other students from UIUC regarding the 2-1-1 PATH website.

Prioritization of Urgency of Needs for Services (PUNS) Summary Reports: 1,247 PUNS selection letters were mailed out by the Illinois Department of Human Services Division of Developmental Disabilities (IDHS-DDD) in August 2019. 33 PUNS Selection letters were mailed to people in Champaign County. **26 of 33** people have received an award letter Home-Based Support Services (HBS). **One** person has been awarded CILA funding and is still awaiting placement. **Two** people are working to determine if Family CILA or HBS is the best fit for them. The remaining **two** people have requested Adult HBS, the ISC is awaiting documents required to proceed with packet submission to IDHS-DDD. **One** person moved out of the area and **one** person was determined ineligible.

In July 2020, **23** people from Champaign County received a PUNS selection letter. **Four** people have been awarded Adult Home-Based Support Services and **one** person has had a CILA Funding Request submitted to DHS and is currently awaiting an award letter.

Mark Driscoll

Associate Director for Mental Health & Substance Abuse Services

Staff Report – October 21, 2020 Board Meeting

Summary of Activity

CCMHB Three Year Plan with Draft PY21 Objectives: Following release of the FY 2019 – 2021 Three Year Plan with draft FY2021 Objective to the Board at the September meeting, the document has been distributed for comment to providers and stakeholders. Any input will be considered in preparing the final set of FY2021 objectives. Comments are due by October 23, 2020.

While we do not generally get many comments, we have already received one. The C-U Public Health District has submitted a comment related to trauma associated with community violence.

PY20 Contract Activity: The UIUC Program Evaluation contract has been executed. Some revisions were proposed by the University and incorporated into the finalized contract.

Three amendments were issued in September. For more details, see the Contract Amendment Report included in the Board packet.

Several agencies have submitted requests for an extension to file their audit for PY20 that is due the end of October. The requests have been approved with notices sent by either me or Stephanie Howard-Gallo. The length of the extensions vary based on the request but none are granted beyond December 31, 2020. Payments on PY21 contracts continue through the extended deadline.

PY20 Fourth Quarter Reports: All fourth quarter program reports and year end Performance Outcome Reports (POR) have been submitted and reviewed with one exception. Champaign County Health Care Consumers (CCHCC) has yet to submit their two PORs and has also been asked to correct a discrepancy in one fourth quarter program report. CCHCC has been notified by me and formally by Stephanie Howard-Gallo that contract payments have been suspended until the reports are submitted.

Without the two CCHCC PORs, I am unable to complete the compilation and formatting of the PORs into one document and post it to the public page/welcome page of the online system. Hopefully that will be done later this month.

Criminal Justice - Mental Health: Lynn and I continue to attend planning meetings on the “One Door” Crisis Response. We have arranged for a presentation on “One Door” for the October meeting. A pdf copy of the presentation is included in the Board packet; this is the same copy attached to my September staff report.

Related to One Door planning activity was the Illinois Mental Health Summit Session “The 21st Century Crisis System: Strategies for Mental Health and Law Enforcement Collaboration to Prevent Justice Involvement” webinar. The two hour session was informative and the first of a series of weekly sessions related to mental health and criminal justice. For more information on the summit and the virtual sessions go to: <https://www.ncsc.org/mentalhealth/il-summit-fall-2020>

The Reentry Council's October meeting was cancelled. The Council will reconvene in November.

Other Activity:

- As reported last month, I as well as other members of the CCMHB/DDB team and community stakeholders have been meeting regularly with UIUC Community Data Clinic on development of a local web based interactive resource directory. Meetings are also being held by this same group with representatives from SIU-Medical School in Springfield and from Northwestern University on managing content of information and referral databases such as used by 211 and how to make them more accessible around the state. In addition to participating in these different discussions I have been involved in organizing meetings between the clinic and local provider groups. The most recent meeting was with representatives of the Continuum of Service Providers to the Homeless Executive Committee. This meeting focused on how information on local homeless resources is maintained and client data tracked as well as sharing information about the clinic's work on the directory.
- Attended various meetings including Mental Health Developmental Disabilities Agencies Council, Continuum of Service Providers to the Homeless, Human Services Council, CUPHD I-PLAN Behavioral Health Work Group, Senior Services Task Force, Cunningham Children's Home Families Stronger Together Planning Committee, and Youth Assessment Center Advisory Committee. A number of these meetings are not ones I regularly attend or are held on a regular basis but that involved topics of interest.

Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report – October 2020 Board Meeting

SUMMARY OF ACTIVITY:

Audits:

As previously reported, Promise Healthcare (CCMHB funded) has not submitted an audit for 2018. Originally their audit was to be completed by June 30, 2019; 181 days after the close of the agency's fiscal year. The extension was approved by staff until September 30, 2019. They did not meet the deadline and payments were withheld. We were then informed their audit was expected October 31, 2019. That deadline was not met. Payments continue to be withheld.

Audits/Financial Reviews for 2019 are due on October 30, 2020. Four of the agencies have asked for an extension, so far. We expect more requests for an extension.

Fourth Quarter Reporting:

4th Quarter financial and program reports for all funded programs were due August 28th at the close of business. Performance Outcome Measures are due at the 4th Quarter of each funding year, as well. Letters of non-compliance have been sent to the UP Center and Champaign County Health Care Consumers for missing/late reports. Payments to them have been withheld.

Board members can access these reports using the online system. Staff can also provide paper copies of the reports for you, if requested.

Community Awareness/Anti-Stigma Efforts/Alliance for Inclusion and Respect (AIR):

A Facebook page promotes AIR's mission, members, artists, events, and news articles of interest. I am one of the administrators of the page. Due to Covid-19, we have put a "hold" on art shows at the Market IN the Square and International Galleries.

We had a zoom meeting with the AIR artists and supports on September 14th in order to discuss plans/concerns for the coming year. Attendance was very low at the meeting. We are considering other ways to engage the artists.

Lynn and I will be working with University of Illinois LAS 122 and allowing these honors students to complete social media content on behalf of Alliance for Inclusion and Respect. Social media content that will be included in the final project will be received in November or December.

Trainings:

I attended a 3 hour training on September 23rd "Responding to Suicide with Compassion", presented by Kim Bryan.

Other:

- Preparing meeting materials for CCMHB/CCDDB regular meetings and study sessions/presentations.
- Composing minutes from the meetings.
- Attending meetings and study sessions for the CCDDB/CCMHB.
- Virtually attended Community Coalition meetings.
- Virtually attended Expo meetings.

2020 October Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

Agency Cultural and Linguistic Competence (CLC) Technical Assistance, Monitoring, Support and Training for CCMHB/DDB Funded Agencies

CLC Plan 4th Quarterly Reports:

I am still reviewing the CLC Plan 4th Quarter Reports. There was still one outstanding CLC report and we are working with the organization. I sent correspondence to the agency director to provide support.

Cultural Competence Training/Support

Champaign County Head Start- October 1, 2020- I met with the Site Managers of Champaign County Headstart. We are starting a year long CLC Organizational Process. This will be intentional work of assessing the organization's value of Cultural Competence. The first meeting with the managers was about building rapport with and understanding cultural differences and how our world view can impact the population that Headstart is working with.

Youth and Family Peer Support Alliance: September 28, 2020- I presented a workshop about Cultural Humility and Cultural Competence for the Statewide Family Network. Training is provided by the Statewide Family Network for their providers and anyone interested in the topic for the month.

Mahomet Area Youth Club- October 6, 2020- Met with Executive Director and Board President about the CLC Training for the Board of Directors. We will start implementing quarterly training sessions for the members of the board. The first session will be held on November 12, 2020.

CLC Coordinator Direct Service Activities

Mental Health First Aid-

I am completing the virtual training and blended learning option. The tentative date for Mental Health First Aid Training will be held on October 30, 2020 at 9:00 AM

'Families Stronger Together' (FST), a new Family Program by Cunningham Children's Home

I attended the last Stakeholder Meeting and it was decided that there would be engagement about a Juvenile Justice Council. I attended the Juvenile Justice Council stakeholders meeting on October 8, 2020 and there was broad system participation. There was positive feedback about starting a Juvenile Justice Council in Champaign County. Champaign County has previously made strides to start a Juvenile Justice Council. There seems to be momentum and the States' Attorney was positive about the direction. Please see the link to the article about juvenile justice councils in the short reading list toward the end of my report.

2020 October Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

Training and Webinars:

- Addressing the Growing Rate of Suicide in the Black Community-
- What Can We Learn from the Crisis? Leadership and Posttraumatic Growth and COVID-19
- Out of Isolation Series- "How Do We Survive, Resist and Heal From Oppressive Realities?"-
- Courageous Conversation - From Access to Liberation: Race and Disability, Racism and Ableism
- Addressing Trauma, Racism and Bias in Behavioral Health Service Delivery

Healing Illinois Grant:

I participated in a call with United Way, City of Champaign, C-U Trauma and Resilience Initiative about applying for the Healing Illinois Grant for our community. United Way of Champaign was contacted about our community applying for the funds. I participated in a call to provide some suggestions about what could be done in our community. Several ideas were generated about what the funding could be used for in our community. The main focus is racial healing and cross racial collaboration.

CU- Trauma and Resilience Initiative:

I attended the C-U Violence Interruption Committee Meeting on Friday, October 9. There is interest in different neighborhoods about having gatherings and due to COVID-19 we are faced with the barrier of how to have in person events that live in the neighborhoods that would like to have activities. There will be a workgroup formed to discuss alternative and culturally responsive ways to engage.

Anti-Stigma Activities/Community Collaborations and Partnerships

C-HEARTS African American Storytelling Project: I am continuing to meet with C-Hearts and from this Campus and Community collaboration there is a partnership that is created with DREAM and The Well Experience called the ASPIRE Program. The Ambitions and Stories of young People Inspiring Resilience and Engagement (ASPIRE) connectedness program. The objectives of the ASPIRE program are to facilitate Black youth's exploration of their strengths and resilience, foster socio-cultural connectedness, and encourage youth to imagine a future filled with unlimited possibilities. The ASPIRE program will incorporate storytelling activities (e.g., vision-boarding, identity wheel) that encourage youth educational aspirations and a sense of belonging. I will serve as a community partner and provide cultural competence training for

2020 October Staff Report- Shandra Summerville

Cultural and Linguistic Competence Coordinator

volunteers that will be working with the youth in this program. I will start providing training for volunteers in November.

Human Services Council- I was not able to attend the monthly meeting this month, because I did not receive notification about the meeting. I reached out to the leadership and was added to the listserve so that I can get updated information.

Community Learning Lab School of Social Work-UIUC CLL has assigned three BSW Students to a project that will look ways to support CCMHB/DDDB on our work to eradicate racism as part of the Grand Challenge. You are invited to participate in their final project on December 3, 2020 10:30am. They will do a presentation on Intersectionality and how to address intersectionality as social workers.

Grand Challenge Explained:

“Over the next 10 years, researchers, practitioners and policymakers will be encouraged to engage in a variety of activities that will advance the Eradicating Racism GC and ignite related achievements. These efforts will:

- Focus on evidence-based and practice-based research that cultivates innovation to improve the conditions of daily life of people impacted by racism and facilitates systemic change on the individual, organization, community and societal levels.
- Advance community empowerment and advocacy for eradicating racism and white supremacy through solutions that create sustainable changes.
- Foster the development of an anti-racist social work workforce that promotes access to resources and opportunities and encompasses transdisciplinary collaboration.
- Promote teaching and learning within social work education programs that examines structural inequalities and white privilege, and their impact on individual and group outcomes.
- Develop a policy agenda for eradicating racism and white supremacy from institutions and organizations, where structural racism is evident and causes the most damage.”

Source: New Grand Challenges Initiative Aims to Eradicate Racism

2020 October Staff Report- Shandra Summerville
Cultural and Linguistic Competence Coordinator
Short Reading List to continue the conversation about Racism and Trauma as a decision maker

As the conversation about Racism as a public health issue continues, I want to make sure that we continue to look at the foundational work that has been done and begin looking at specific elements of the foundational documents that were used by the CCMHB/DDB to make decisions about Cultural and Linguistic Competence. I have added information about Juvenile Justice Reform as our community considers a Juvenile Justice Council. I have also included a plan from the Seattle Washington Planning Commission about resilience and recovery.

Please feel free to reach out to me if you have any questions or would like to discuss some of the articles that I have provided.

MENTAL HEALTH: Culture, Race, and Ethnicity

A SUPPLEMENT TO MENTAL HEALTH: A REPORT OF THE SURGEON GENERAL

<https://drum.lib.umd.edu/bitstream/handle/1903/22834/sma-01-3613.pdf?sequence=1&isAllowed=y>

Pages: 36-37: Culturally Competent Services

Pages: 37-39- Racism, Discrimination, and Mental Health

Pages: 39-40- Poverty, Marginal Neighborhoods and Community Violence

National CLAS Standards Fact Sheet

<https://thinkculturalhealth.hhs.gov/pdfs/NationalCLASStandardsFactSheet.pdf>

Juvenile Justice

Juvenile Justice Councils- Program Description

<https://www.dhs.state.il.us/page.aspx?item=77005>

Models for Change: Featuring research, tools, findings, and lessons from a decade of juvenile justice systems reform aimed at improving outcomes for youth and communities.

<http://www.modelsforchange.net/index.html>

A Racially Equitable and Resilient Recovery- The Seattle Planning Commission has proposed a detailed plan to present to city planners on how to transform their system.

<https://www.seattle.gov/Documents/Departments/SeattlePlanningCommission/RERRfinalSP08032020.pdf>

Previous Articles from July

2020 October Staff Report- Shandra Summerville
Cultural and Linguistic Competence Coordinator

Seven Ways Funders Can Support Racial Justice

<https://movementstrategy.org/seven-ways-funders-can-support-racial-justice/>

Healing America: A Funder's Commitment to Racial Equity

<https://bin9t2lhlni2dhd5hvym7llj-wpengine.netdna-ssl.com/wp-content/uploads/2016/12/RP-Summer10-Christopher.pdf>

Helping Children Thrive: Early Childhood Development & ACEs(Infographic Provided)

<https://www.nihcm.org/categories/helping-children-thrive-early-childhood-development-aces>

STAFF REPORT - CHRIS WILSON - October 21, 2020

CCMHB Agency PY2020 Q4 (Year End) Financial Summary

AGENCY	PROGRAM	AWARD	Q4 Report	
			REVENUE	EXPENSE
CCCAC	Children's Advocacy Center	52,754	52,754	52,754
Champaign County Christian Health Center	Mental Health Care	13,000	13,000	13,000
Champaign County Health Care Consumers	CHW Outreach and Benefit Enrollment	59,300	59,300	59,300
Champaign County Health Care Consumers	Justice Involved CHW Services & Benefits	54,775	54,775	54,775
Champaign County Health Care Consumers TOTAL		114,075	114,075	114,075
CCRPC/Head Start	Early Childhood Mental Health Services	214,668	214,668	214,668
CCRPC/Head Start	Social Emotional Development Services	87,602	87,602	87,602
CCRPC/Head Start TOTAL		302,270	302,270	302,270
CCRPC	Homeless Services System Coordination	50,373	50,373	50,373
CCRPC	Justice System Diversion Services	75,308	75,308	43,211
CCRPC	Youth Assessment Center	76,350	76,350	76,350
CCRPC TOTAL		202,031	202,031	169,934
Champaign Urbana Area Project	TRUCE	50,000	-	-
Community Service Center	Resource Connection	67,596	67,596	67,596
Courage Connection	Courage Connection	125,268	125,268	125,268
Crisis Nursery	Beyond Blue Champaign County	75,000	75,000	75,000
Cunningham Children's Home	ECHO Housing and Employment Support	95,773	95,773	80,512
Cunningham Children's Home	Parenting Model Planning/Implementation	280,955	280,955	110,587
Cunningham Children's Home TOTAL		376,728	376,728	191,099
Developmental Services Center	Family Development Center	579,148	579,148	577,800
Don Moyer Boys & Girls Club	Coalition Summer Initiatives	107,000	107,000	107,000
Don Moyer Boys & Girls Club	CU Change	100,000	100,000	111,275
Don Moyer Boys & Girls Club	CU Neighborhood Champions	110,195	108,301	108,301
Don Moyer Boys & Girls Club	Youth & Family Services	160,000	160,000	160,000
Don Moyer Boys & Girls Club TOTAL		477,195	475,301	486,576
DREAM House	DREAM	80,000	80,000	79,965
East Central Illinois Refugee Mutual Assistance Center	Family Support and Strengthening	56,440	56,440	56,440
Family Service of Champaign County	Counseling	30,000	30,000	30,000
Family Service of Champaign County	Self Help Center	28,430	28,430	28,430
Family Service of Champaign County	Senior Counseling & Advocacy	162,350	162,350	162,350
Family Service Center TOTAL		220,780	220,780	220,780
First Followers	Peer Mentoring for Re-entry	95,000	95,000	95,000
GROW in Illinois	Peer Support	77,239	77,239	77,144

(60)

Mahomet Area Youth Club	BLAST	15,000	15,000	9,946
Mahomet Area Youth Club	Members Matter	18,000	18,000	18,000
Mahomet Area Youth Club TOTAL		33,000	33,000	27,946
National Alliance on Mental Illness	NAMI Champaign County	10,000		
Promise Healthcare	Mental Health Services	242,250	242,250	279,613
Promise Healthcare	Wellness	58,000	58,000	60,472
Promise Healthcare TOTAL		300,250	300,250	340,085
Rape Advocacy, Counseling & Education Services	Sexual Violence and Prevention Education	61,928	61,928	61,928
Rattle the Stars	Youth Suicide Prevention Education	55,000	55,000	49,094
Rosecrance Central Illinois	Criminal Justice PSC	304,350	304,350	293,591
Rosecrance Central Illinois	Crisis, Access & Benefits	203,960	203,960	203,960
Rosecrance Central Illinois	Fresh Start	79,310	79,310	79,310
Rosecrance Central Illinois	Prevention Services	60,000	60,000	60,000
Rosecrance Central Illinois	Recovery Home	200,000	200,000	200,000
Rosecrance Central Illinois	Specialty Courts	203,000	203,000	203,000
Rosecrance Central Illinois TOTAL		1,050,620	1,050,620	1,039,861
UP Center of Champaign County	Children, Youth, and Families Program	31,768		
Urbana Neighborhood Connections Center, Inc.	Community Study Center	25,500	25,500	25,500

STAFF REPORT - CHRIS WILSON - October 21, 2020

CCDD8 Agency PY2020 Q4 Financial Summary

AGENCY	PROGRAM	AWARD	Q4 Report	
			REVENUE	EXPENSE
CCRPC	Decision Support PCP	319,420	319,420	303,030
CCRPC/Head Start	Social Emotional Development Services	24,402	24,402	24,402
Champaign County Down Syndrome Network	Down Syndrome Network	15,000	15,000	14,134
CU Able	Community Outreach	17,275	17,275	17,275
Community Choices	Community Living	81,000	81,000	81,000
Community Choices	Customized Employment	98,900	118,016	118,016
Community Choices	Self-Determination Support	138,000	138,000	138,000
Community Choices TOTAL		317,900	337,016	337,016
Developmental Services Center	Apartment Services	442,757	442,757	448,365
Developmental Services Center	Clinical Services	174,000	174,000	152,469
Developmental Services Center	Community Employment	361,370	361,370	397,082
Developmental Services Center	Community First	822,970	816,916	926,141
Developmental Services Center	Connections	85,000	85,000	98,415
Developmental Services Center	Employment First	80,000	80,000	70,175
Developmental Services Center	Individual and Family Support	416,561	416,561	423,617
Developmental Services Center	Service Coordination	423,163	423,163	420,774
Developmental Services Center TOTAL		2,805,821	2,799,767	2,937,038
Persons Assuming Control of their Environments	Consumer Control in Personal Support	23,721	21,761	21,761
Rosecrance	Coordination of Services: DD/MI	35,150	35,150	35,150
United Cerebral Palsy	Vocational Services	60,000		

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

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VENDOR NO	VENDOR NAME	TRN B TR	TRN DTE N CD	NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
***	FUND NO. 090										
***	DEPT NO. 053										
12	CHAMPAIGN COUNTY TREASURER								POSTAGE REIMBURSEMENT		
	9/15/20 01 VR 53-	304				611112	9/16/20	090-053-522.06-00	POSTAGE, UPS, FED EXPRESSMENT HLTH PSTG AUG		15.87
	10/07/20 02 VR 53-	309				611818	10/09/20	090-053-522.06-00	POSTAGE, UPS, FED EXPRESSEP POSTAGE		162.36
									VENDOR TOTAL		178.23 *
25	CHAMPAIGN COUNTY TREASURER								RENT-GENERAL CORP		
	10/06/20 06 VR 53-	339				611820	10/09/20	090-053-533.50-00	FACILITY/OFFICE RENTALS	OCT OFFICE RENT	1,883.72
										VENDOR TOTAL	1,883.72 *
41	CHAMPAIGN COUNTY TREASURER								HEALTH INSUR FND 620		
	9/15/20 02 VR 620-	133				611113	9/16/20	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	JUL-SEP FSA ADMIN	24.00
	9/15/20 02 VR 620-	135				611113	9/16/20	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	SEP-NOV EAP	29.70
	9/29/20 01 VR 620-	137				611538	9/30/20	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	SEP HI, LI & ADMIN	3,951.15
										VENDOR TOTAL	4,004.85 *
88	CHAMPAIGN COUNTY TREASURER								I. M. R. F. FUND 088		
	9/22/20 03 VR 88-	35				611269	9/23/20	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 9/11 PR	1,148.05
	10/06/20 01 VR 88-	37				611823	10/09/20	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 9/25 PR	1,148.05
										VENDOR TOTAL	2,296.10 *
104	CHAMPAIGN COUNTY TREASURER								HEAD START FUND 104		
	10/06/20 05 VR 53-	315				611826	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT EARLY CHILDHD M	17,492.00
	10/06/20 05 VR 53-	315				611826	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT SOC/EMOT DEV SV	8,301.00
										VENDOR TOTAL	25,793.00 *
161	CHAMPAIGN COUNTY TREASURER								REG PLAN COMM FND075		
	10/06/20 05 VR 53-	316				611829	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT HOMELESS COORD	4,325.00
	10/06/20 05 VR 53-	316				611829	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT JUSTICE SYS DIV	6,275.00
	10/06/20 05 VR 53-	316				611829	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT YOUTH ASSMT CTR	6,362.00
										VENDOR TOTAL	16,962.00 *

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

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VENDOR NO	VENDOR NAME	TRN B	TR	CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
22730	DON MOYER BOYS & GIRLS CLUB	53-	322		611890	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CU CHANGE		8,333.00	
		53-	322		611890	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CU NGHBRHD CHAM		9,182.00	
		53-	322		611890	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT YOUTH/FAMILY SV		13,333.00	
									VENDOR TOTAL		30,848.00 *	
22870	DREAM HOUSE	53-	323		611893	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT DREAM		6,666.00	
									VENDOR TOTAL		6,666.00 *	
24095	EMK CONSULTING LLC	53-	301		611158	9/16/20	090-053-533.07-00	PROFESSIONAL SERVICES	INV 423 9/8		1,894.00	
									VENDOR TOTAL		1,894.00 *	
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR SUITE 4D	53-	324		611897	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT FAM SUP/STRENGT		4,703.00	
									VENDOR TOTAL		4,703.00 *	
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY	53-	325		611907	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT COUNSELING		2,500.00	
		53-	325		611907	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT SELF HELP CENTE		2,410.00	
		53-	325		611907	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT SENIOR CNSL/ADV		13,529.00	
									VENDOR TOTAL		18,439.00 *	
26760	FIRST FOLLOWERS	53-	326		611912	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT FIRST STEP HOUS		3,300.00	
		53-	326		611912	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT PEER MNTR REENT		7,916.00	
									VENDOR TOTAL		11,216.00 *	
27970	FREDERICK & HAGLE	53-	300		611166	9/16/20	090-053-533.07-00	PROFESSIONAL SERVICES	3 HR 8/6-20		660.00	
									VENDOR TOTAL		660.00 *	

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

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VENDOR NO	VENDOR NAME	TRN B	TR	TRNS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
30550	GROW IN ILLINOIS	10/06/20	06 VR	53- 327	611919	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT PEER SUPPORT		6,436.00
									VENDOR TOTAL		6,436.00 *
35050	I3 BROADBAND - CU	9/15/20	01 VR	53- 305	611173	9/16/20	090-053-533.29-00	COMPUTER/INF TCH SERVICES	INV 19201501 9/4		144.95
		10/07/20	02 VR	53- 310	611922	10/09/20	090-053-533.29-00	COMPUTER/INF TCH SERVICES	INV 19405451 10/4		144.95
									VENDOR TOTAL		289.90 *
44570	MAHOMET AREA YOUTH CLUB	10/06/20	06 VR	53- 328	611941	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT BLAST		1,250.00
		10/06/20	06 VR	53- 328	611941	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT MEMBERS MATTER		1,500.00
									VENDOR TOTAL		2,750.00 *
47690	MINUTEMAN PRESS	10/07/20	02 VR	53- 307	611945	10/09/20	090-053-522.02-00	OFFICE SUPPLIES	INV 60964 9/3		89.69
									VENDOR TOTAL		89.69 *
49870	NATIONAL ALLIANCE ON MENTAL ILLNESS	10/06/20	06 VR	53- 329	611948	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT NAMI		833.00
									VENDOR TOTAL		833.00 *
58118	QUILL CORPORATION (MH)	10/06/20	05 VR	53- 312	611966	10/09/20	090-053-522.02-00	OFFICE SUPPLIES	INV 10493985 9/16		22.76
		10/06/20	05 VR	53- 312	611966	10/09/20	090-053-522.02-00	OFFICE SUPPLIES	INV 10475899 9/15		66.80
									VENDOR TOTAL		89.56 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS	10/06/20	06 VR	53- 330	611969	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT SEX VIOL PREV/E		5,250.00
									VENDOR TOTAL		5,250.00 *
59472	RATTLE THE STARS										

*** FUND NO. 090 MENTAL HEALTH

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10/06/20 06 VR 53- 331 611970 10/09/20 090-053-533.92-00 CONTRIBUTIONS & GRANTS OCT YTH SUIC PREV/E 7,208.00
VENDOR TOTAL 7,208.00 *

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CHAMPAIGN COUNTY

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VENDOR NO	VENDOR NAME	TRN B TR	TRN NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
61780	ROSECRANCE, INC.	10/06/20 06 VR 53- 332	332	090-053-533.92-00	611979	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CRIMNL JUSTC PS	25,362.00
		10/06/20 06 VR 53- 332	332	090-053-533.92-00	611979	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CRIS/ACSS/BENF	16,996.00
		10/06/20 06 VR 53- 332	332	090-053-533.92-00	611979	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT FRESH START	6,609.00
		10/06/20 06 VR 53- 332	332	090-053-533.92-00	611979	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT PREVENTION SVCS	5,000.00
		10/06/20 06 VR 53- 332	332	090-053-533.92-00	611979	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT RECOVERY HOME	16,666.00
		10/06/20 06 VR 53- 332	332	090-053-533.92-00	611979	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT SPECIALTY COURT	16,916.00
									VENDOR TOTAL	87,549.00 *
76867	UNIV OF IL SPONSORED PROG & RESEARCH ADM	10/06/20 06 VR 53- 338	338	090-053-533.07-00	612004	10/09/20	090-053-533.07-00	PROFESSIONAL SERVICES	JUL MHB21-039 CONSL	6,683.00
		10/06/20 06 VR 53- 338	338	090-053-533.07-00	612004	10/09/20	090-053-533.07-00	PROFESSIONAL SERVICES	AUG MHB21-039 CONSL	6,683.00
		10/06/20 06 VR 53- 338	338	090-053-533.07-00	612004	10/09/20	090-053-533.07-00	PROFESSIONAL SERVICES	SEP MHB21-039 CONSL	6,683.00
		10/06/20 06 VR 53- 338	338	090-053-533.07-00	612004	10/09/20	090-053-533.07-00	PROFESSIONAL SERVICES	OCT MHB21-039 CONSL	6,683.00
									VENDOR TOTAL	26,732.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER	10/06/20 06 VR 53- 333	333	090-053-533.92-00	612008	10/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT COMM STUDY CNTR	2,125.00
									VENDOR TOTAL	2,125.00 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH	9/29/20 03 VR 53- 306	306	090-053-522.06-00	611698	9/30/20	090-053-522.06-00	POSTAGE, UPS, FED EXPRESS3930	USPS 9/3	20.80
									VENDOR TOTAL	20.80 *
602880	BRESSNER, BARBARA J.	10/06/20 06 VR 53- 335	335	090-053-533.07-00	612033	10/09/20	090-053-533.07-00	PROFESSIONAL SERVICES	4TH QTR PROF FEE	7,031.25
									VENDOR TOTAL	7,031.25 *
630360	MAYER, JAMES	10/06/20 06 VR 53- 337	337	090-053-533.07-00	612060	10/09/20	090-053-533.07-00	PROFESSIONAL SERVICES	4TH QTR PROF FEE	2,718.75
									VENDOR TOTAL	2,718.75 *

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MENTAL HEALTH BOARD DEPARTMENT TOTAL 401,230.74 *
MENTAL HEALTH FUND TOTAL 401,230.74 *

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#16

https://www.news-gazette.com/coronavirus/covid-19-has-completely-turned-the-working-world-on-its-head-but-young-people-still/article_06e0fd50-3abc-5265-b50d-25bc72071f08.html

FEATURED

Governor in Urbana

'COVID-19 has completely turned the working world on its head but young people still deserve a chance'

By Anthony Zilis azilis@news-gazette.com

Jul 21, 2020



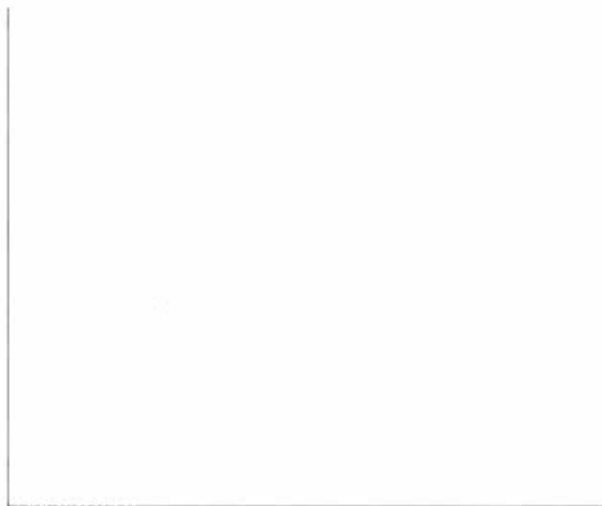
Janice Mitchell, Founder & Executive Director of Urbana Neighborhood Connections speaks as Gov. JB. Pritzker listens during a press conference about the COVID-19 Summer Youth Employment Program at UNC on Monday, July 20 , 2020.

Robin Scholz/The News-Gazette

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URBANA — Shortly after he moved to town as a junior in high school, a group of friends convinced Troy Webster to attend the summer and after-school programs at Urbana Neighborhood Connection Center.

Had he declined the invitation, his life may be on a different trajectory.



Each year, UNCC director Janice Mitchell takes students to visit colleges across the country, including trips to several historically black colleges and universities. That included Alabama State.

“To have the opportunity to go out there, it felt like home,” said Webster, who is in his senior year at that school studying musical performance with an emphasis in voice.

Over the years, the 2017 Urbana graduate became a volunteer at UNCC, which provides help with homework, technology, summer learning opportunities and meals.

A few years ago, he became one of its few paid youth employees over the summer.

In 2020, he’s being joined by more. One-hundred others aged 16 to 24 were provided job opportunities at UNCC, in local schools, at the Mahomet Area Youth Club, and at the Housing Authority of Champaign County through the COVID-19 Summer Youth Employment Program.

On Monday, Webster stood at a lectern in front of a group of bookshelves at UNCC and introduced Illinois Gov. J.B. Pritzker, who was visiting to speak about the program, which is being facilitated by the Illinois Department of Human Services.

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“Troy,” the governor said as he turned back toward Webster, “you’re going to promise that even though you’re going to school in Alabama, you’re going to come back to Illinois? We need you.

“COVID-19 has completely turned the working world on its head,” Pritzker added, “but young people still deserve a chance.”

This summer, state representative Carol Ammons was asked for a local organization to facilitate the summer employment program. She immediately thought of Janice Mitchell and UNCC.



Mitchell works with area youth from morning until night. During the day, she’s the Urbana School District’s Community and Parent Liaison, and from the afternoon until late into the evening, she works as the director of UNCC, which she started 10 years ago. She does everything from writing grant applications to working in the kitchen to driving the center’s buses.

“I’m not your typical executive director,” she said. “I have food and sanitation certificates for five years, so if something happens in my kitchen, I can go in and I know the total operation. In terms of the vehicles that are parked out back, I’m certified to drive either one of them. On days we don’t have drivers, Ms. Mitchell is out there at the schools picking up kids.”

Not surprisingly, she already had the necessary certifications to run a site for the summer youth employment program when Ammons asked.

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On Monday, Mitchell toured around a representative from the Illinois Department of Human Services as kids sat in three different rooms, socially distant with their masks on. Some learned about astronomy from an Illinois professor, while some played games, and others wrote on worksheets. The computer lab, where Urbana students will come this fall to participate in online school, was spaced out with clear shower curtains in between.

One of Mitchell's goals is to give students a vision of their future beyond high school graduation, like the one she gave Webster. The summer employment program aims to do the same, Ammons said, by combating problems caused by systemic racism.

"The governor understands that to get to the underlying issues," Ammons said, "we have to provide opportunity for young people in the state of Illinois, and the young people cannot be successful without the impetus in place to train them and to get them prepared for the modern economy and the workforce.

"Creating jobs and career-making opportunities, I believe is the responsibility of government. African Americans understand this process very well, that if you deny people the opportunity for access, you've actually set the course for their future. So it is critically important for us to do this program, and to do this program well."

Anthony Zilis

Multimedia Specialist

Anthony Zilis is a multimedia specialist at The News-Gazette. His email is azilis@news-gazette.com, and you can follow him on Twitter ([@adzilis](https://twitter.com/adzilis)).



Champaign: Music to their ears

Jim Rossow/The News-Gazette

Sep 16, 2020



Earlier this summer, James Barham, left, kick-started a fundraising video that saw 41 singers and 15 instrumentalists work remotely to produce a stirring remake of the Beatles classic 'Let It Be.' Last week, he delivered the fruits of the easy-on-the-ears project: \$5,000 checks to Nancy Greenwalt of Promise Healthcare, second from left, and Claudia Lennhoff of Champaign County Health Care Consumers, second from right. The video, "C-U Sings Volume 1: Let It Be," has been viewed over 11,400 times on YouTube. The \$10,000 was raised through the help of Joan Dixon, right, and the Community Foundation of East Central Illinois.

Jim Rossow/The News-Gazette

Jim Rossow

Vice President of News

Jim Rossow is vice president of news at The News-Gazette. His email is jrossow@news-gazette.com.

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https://www.news-gazette.com/coronavirus/400-000-grant-a-huge-blessing-and-a-tremendous-opportunity-for-dream/article_369a3c3e-fc92-58ba-a4d8-15ecf62cc0f8.html

FEATURED TOP STORY

DREAM

\$400,000 grant 'a huge blessing and a tremendous opportunity' for DREAM

By Anthony Zillis azillis@news-gazette.com

Sep 19, 2020



Tracy Dace, founder of Driven to Reach Excellence and Academic progress at the DREAM House on Friday in the basement
Jim Rossow/The News-Gazette

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Ad

CHAMPAIGN — As he stood behind Gov. J.B. Pritzker at a press conference earlier this month in Chicago, Tracy Dace thought about all the DREAAM program could do with \$400,000 for kids and young adults in Champaign.

Five years ago, when he started Driven to Reach Excellence and Academic Achievement for Males by providing 10 students with wraparound services to help them acquire academic and life skills, Dace couldn't have imagined the growth his program has gone through.

Now, it's serving males from 5 to 24 years old. The program is seeing kids through their childhood with the goal of guiding them to college and jobs.

With the \$400,000 it received from the Illinois COVID-19 Response Fund, it will be able to offer so much more.

"It's a very big deal, and it's really an outstanding opportunity, not only for DREAAM, but it's an outstanding opportunity for the community," Dace said. "When I was at the press conference with the governor, my thinking was that I'm taking this \$400,000 back to my community. It's a huge blessing and a tremendous opportunity for the community."

Ad

The money will enable the program to expand the life coaching and career training it offers to 16-to-24-year-old males from once a week to multiple times a week.

It will offer wraparound, trauma-focused counseling to 20 families and will also form a community group to offer small-group intervention to address gun violence and other issues.

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At the press conference on Sept. 8, Dace spoke about disrupting generational poverty and talked about one of the program's participants, a man who received training through DREAAM to work in construction.

"He wrote and said, 'I'm building my life, and DREAAM is a big part of that,'" Dace said.

Originally, the program was a pilot effort in the summer for 10 5-year-olds who were preparing for kindergarten.

Within two years, 100 elementary-schoolers, mostly Black, were participating, and the program had extended into the school year, helping kids with academic skills by combining normal classwork with other interests, including art and sports.

It involves families closely so that the students' newly acquired skills spill over to the home.

Recently, the program began offering support to males all the way up to age 24, and it started a program in Rantoul.

Through the ensuing five years, Dace has seen the program's broader goals come to fruition.

"The life skills of belonging and attachment have developed, and those are so important in thinking about belonging to school and belonging to other places," Dace said.

"They're developing that sense of belonging and attachment in DREAAM, which we hope then transfers to other places in their lives."

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After exceeding Dace's expectations in its first five years, he said the program can now go a step further in helping the students it serves.

"It's been unbelievable and very fulfilling to see the growth the program has displayed," he said.

"I never would have thought that this kind of vision, this concept would have this much growth and potential to continue to grow. I always say I'm just humbled by it because it's definitely been a very, very powerful journey."

Anthony Zilis

Multimedia Specialist

Anthony Zilis is a multimedia specialist at The News-Gazette. His email is azilis@news-gazette.com, and you can follow him on Twitter (@adzilis).

This Week's Circulares



Tap for Circular



Tap for Circular



Tap for Circular



Tap for Circular

The Genius Hack Every Home Depot Shopper Should Know

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New Assisted Living Apartments Near Urbana Are A Dream Come True!

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