



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

Champaign County Mental Health Board (CCMHB)

WEDNESDAY, November 18, 2020 at 5:45 p.m.

This Meeting will be Conducted Remotely at

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

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. Three Year Plan with FY2021 Objectives* (pages 4-15)
Decision Memorandum with final draft of the FY2019-2021 Three Year Plan with FY2021 Objectives is included in the packet. Action is requested.
 - B. CCMHB PY2022 Allocation Criteria* (pages 16-29)
Decision Memorandum to approve final draft of CCMHB PY2022 allocation priorities and decision support criteria is included in the packet. Action is requested.
 - C. CCDDDB PY2021 Allocation Criteria (pages 30-43)
Included in the packet for information only is the final draft of the CCDDDB PY2022 Allocation Priorities Decision Memorandum.

- D. COVID-19 Service Activity Update (**pages 44-58**)
Briefing Memorandum with agency updates on operation of funded services during COVID-19 pandemic gleaned from PY21 first quarter reports is included in the Board packet.
9. Agency Information
The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes. Included in the packet is an article on state funding awarded to two agencies with programs funded by the CCMHB.
10. Old Business
A. Schedules & Allocation Process Timeline (**pages 59-62**)
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 63-68**)
Minutes from the October 21, 2020 meeting and October 28, 2020 study session are included in the packet. Action is requested.
13. Staff Reports (**pages 69-87**)
Written staff reports from Lynn Canfield, 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 88-94**)
Copy of the Expenditure List is included in the packet. Action to accept the list and place on file is requested.
16. Executive Director Contract*
Board consideration of renewal of CCMHB/DDB executive director contract. This is an action item.
17. Board Announcements
18. Adjournment

***Board action**

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Instructions for participating in Zoom Conference Bridge for CCMHB Regular Meeting November 18, 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

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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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S.A.

DECISION MEMORANDUM

DATE: November 18, 2020
TO: CCMHB Members
FROM: Mark Driscoll, Associate Director
SUBJECT: FY 2019-2021 Three-Year Plan with FY 2021 Objectives

The Three-Year Plan for Fiscal Years 2019 - 2021 (1/1/19 – 12/31/21) with Fiscal Year 2021 (1/1/21-12/31/21) Objectives has been finalized and is attached for the Board's consideration and action.

An initial draft of the Plan was included in the September Board packet. Following the release of the Plan to the Board, the draft document was distributed for public comment. One comment on the draft Plan was received from the Champaign-Urbana Public Health District (copy attached). A review of existing language in the Plan finds reference to community violence in Objective #3 under Goal #5.

Objective #3: Assess the impact of community violence on the children and youth whose families and neighborhoods are most impacted and where indicated, encourage the development of appropriate supports as prevention and early intervention strategies. (Policy Objective)

That existing Objective #3 language has been revised as follows based on the input received and is included in the attached Plan:

Objective #3: Support development of a coordinated response to community violence including gun violence that leverages existing investments by the Board in prevention and early intervention services for children, youth, and families residing in neighborhoods most impacted by community violence with funds from other funders to mitigate the public health crisis associated with community violence and in particular gun violence. (Policy Objective)

Original modifications from the initial draft have been retained as presented. They include the addition of new objectives related to the COVID-19 pandemic (see Goal 1 Objective 9 and Goal 2 Objective 6), racial trauma (see Goal 5 Objective 7), development of a crisis response assessment center (see Goal 7 Objective 3), and, enhanced web-based social service information (Goal 9 Objective 6). Several existing Objectives have been struck as the activity has been addressed and memorialized in the application format or through

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contract awards. One goal and two objectives have had minor changes to language made to clarify intent. These changes along with the revised community violence objective comprise revisions to the Three-Year Plan being presented for approval by the Board.

Decision Section:

Motion: Move to approve the Three-Year Plan for Fiscal Years 2019 – 2021, with Fiscal Year 2021 Objectives.

_____ Approved

_____ Denied

_____ Modified

_____ Additional Information Needed

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Mark Driscoll

From: Chaundra Bishop <cbishop@c-uphd.org>
Sent: Friday, October 02, 2020 12:31 PM
To: 'Mark Driscoll'
Cc: Julie Pryde; Awais Vaid
Subject: RE: draft CCMHB Three Year Plan open for comment
Attachments: MHB 3YR Plan w FY21 Obj DRAFT comment 092520.doc

Dear Mark,

After reviewing the most recently proposed three-year plan, I am writing on behalf of the Champaign-Urbana Public Health District to encourage the Champaign County Mental Health Board to add specific language about gun violence to the plan. As you may know, the 2020 Community Needs Assessment Survey revealed that many Champaign County residents are still concerned about the increase in the number of violent incidents that have occurred, most notably, incidents involving fire arms.

It has been well documented that exposure to trauma stemming from community violence has been linked to a number of mental-health issues that could negatively impact a person's emotional wellbeing and behavior. Community violence also can increase risk for heart disease, diabetes, cancer, and asthma; and increases the risk for obesity and reduced physical activity, which is why violence has been named a public health crisis. A community wide and collaborative approach is the best way to tackle an issue such as this. The goal of the IPLAN is to get all of the funding bodies to focus efforts towards identified issues. There are a couple spots where it mentions supporting the Champaign Community Coalition, but doesn't specifically note gun violence nor that the support would include financial backing. We propose indicating within the plan a specific funding amount or percentage as well as adding language that distinctively includes gun violence in CCMHB's work.

Thank you,

Chaundra M. Bishop
Regional Health Plan Coordinator
Champaign-Urbana Public Health District
201 West Kenyon Road
Champaign, IL 61820
cbishop@c-uphd.org

Subject: FW: draft CCMHB Three Year Plan open for comment

Hello All,

The draft CCMHB Three Year Plan 2019 – 2021 with draft FY2021 Objectives is open for public comment. As a provider or other interested party involved with the local community mental health system, I wanted each of you to have the opportunity to review the draft plan and if interested submit comments.

A draft of the Plan is attached with proposed new or modified objectives italicized while objectives to be removed are lined out. All changes are highlighted. Public comment need not be limited to the proposed changes. This draft is a starting point and is subject change based on a review of comments received and discussion with the Board. Comments are due at the Champaign County Mental Health Board by October 23, 2020. You can submit comments by replying to this e-mail.

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The final version of the Plan will be presented to the Board for approval at the November 18, 2020 meeting.

Thank you.

Mark

Mark Driscoll
Associate Director
CCMHB/CCDDB
1776 East Washington St.
Urbana, IL 61802
217/367-5703

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
THREE-YEAR PLAN
FOR**

**FISCAL YEARS 2019 - 2021
(1/1/19 – 12/31/2021)**

**WITH
ONE YEAR OBJECTIVES
FOR**

**FISCAL YEAR 2021
(1/1/21 – 12/31/21)**

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD

WHEREAS, the Champaign County Mental Health Board has been established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. seq.) in order to "construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for, persons with a developmental disability or substance use disorder, for residents thereof and/or to contract therefor..."

WHEREAS, the Champaign County Mental Health Board is required by the Community Mental Health Act to prepare a one- and three-year plan for a program of community mental health services and facilities;

THEREFORE, the Champaign County Mental Health Board does hereby adopt the following Mission Statement and Statement of Purposes to guide the development of the mental health plan for Champaign County:

MISSION STATEMENT

The mission of the CCMHB is the promotion of a local system of services for the prevention and treatment of mental or emotional, intellectual or developmental, and substance use disorders, in accordance with the assessed priorities of the citizens of Champaign County.

STATEMENT OF PURPOSES

1. To plan, coordinate, evaluate and allocate funds for the comprehensive local system of mental health, intellectual and developmental disabilities, and substance use disorder services for Champaign County.
2. To promote family-friendly community support networks for the at-risk, underserved and general populations of Champaign County.
3. To increase support for the local system of services from public and private sources.
4. To further develop the systematic exchange of information about local services and needs between the public/private service systems and the CCMHB.

In order to accomplish these purposes, the Champaign County Mental Health Board must collaborate with the public and private sectors in providing the resources necessary for the effective functioning of the community mental health system.

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SYSTEMS OF CARE

Goal #1: Support a continuum of services to improve the quality of life experienced by individuals with mental or emotional disorders, substance use disorders, or intellectual and/or developmental disabilities and their families residing in Champaign County.

Objective #1: Expand use of evidence-informed, evidence-based, best practice, recommended, and promising practice models appropriate to the presenting need in an effort to improve outcomes for individuals across the lifespan and for their families and supporters. (Allocation Priority/Criteria Objective)

Objective #2: Promote wellness for people with mental illnesses, substance use disorders, or intellectual and/or developmental disabilities to prevent and reduce early mortality, through support services including access to services addressing basic needs, enrollment in benefit plans and coordinated access to primary care. (Allocation Priority/Criteria Objective)

Objective #3: Support development or expansion of residential and employment supports for persons with behavioral health diagnosis not covered under expansion of Medicaid or the Affordable Care Act. (Allocation Priority/Criteria Objective)

Objective #4: Support broad based community efforts to prevent opiate overdoses and expand treatment options. (Allocation Priority/Criteria Objective)

Objective #5: Build resiliency and support recovery e.g. Peer Supports, outside of a clinical setting. (Allocation Priority/Criteria Objective)

Objective #6: Build evaluation capacity of contracted providers utilizing expertise of evaluators from the Department of Psychology at the University of Illinois to further positive outcomes of those engaging in funded services. (Policy Objective)

Objective #7: Increase providers understanding of the value of setting internal goals for advancing program performance outcome evaluation. (Policy Objective)

Objective #8: Support targeted efforts for workforce recruitment and retention initiatives, such as scholarships, loan repayment, and assistance with professional licensure fees, with level of assistance linked to length of service commitment. (Allocation Priority/Criteria Objective)

Objective #9: Enable providers to implement flexible responses to operations during the COVID-19 pandemic, such as supporting telehealth or other virtual service options, to maintain access and engagement with clients and community. (Collaboration/Coordination Objective)

Goal #2: Sustain commitment to addressing health disparities experienced by underrepresented and marginalized populations.

Objective #1: Support culturally responsive and family driven support networks for underrepresented populations, underserved populations, and general populations of Champaign County. (Allocation Priority/Criteria Objective)

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Objective #2: Provide technical assistance in support of continuous improvement of cultural and linguistic competence plans to meet the needs of the population served. (Collaboration/Coordination Objective)

Objective #3: Encourage providers and other community-based organizations to allocate resources to provide training, seek technical assistance, provide language access and communication assistance, and pursue other professional development activities for staff and governing or advisory boards to advance cultural and linguistic competence. (Allocation Priority/Criteria Objective)

Objective #4: Where families and communities are disproportionately impacted by incarceration, encourage the development of social networks and improved access to resources. (Policy Objective)

Objective #5: Address the needs of residents of rural areas and encourage greater engagement by community-based organizations. (Policy Objective)

Objective #6: Review data on the impact of COVID-19 on Champaign County residents with particular attention to underserved populations and promote provider response to mitigate the adverse impact, as resources allow. (Collaboration/Coordination Objective)

Goal #3: Improve consumer access to and engagement in services.

Objective #1: Participate in various coordinating councils whose missions align with the needs of the populations of interest to the Board with the intent of strengthening coordination between providers in the delivery of services. (Collaboration/Coordination Objective)

Objective #2: Explore at the Board level potential for collaboration on issues of mutual interest with the C-U Public Health District and the Champaign County Board of Health. (Collaboration/Coordination Objective)

Objective #3: Engage with CUPHD, United Way, Carle Foundation Hospital, and OSF in the collaborative planning process for the next Community Health Improvement Plan. (Collaboration/Coordination Objective)

Objective #4: Increase awareness of community services and access to information on when, where, and how to apply for services. (Collaboration/Coordination Objective)

Objective #5: Explore feasibility of co-locating services in neighborhood community centers to reach underserved and underrepresented populations, including rural areas. (Collaboration/Coordination Objective)

Goal #4: Continue the collaborative working relationship with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDDB).

Objective #1: Coordinate integration, alignment, and allocation of resources with the CCDDDB to ensure the efficacious use of resources within the intellectual/developmental disability (I/DD) service and support continuum. (Allocation Priority/Criteria Objective)

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Objective #2: Assess alternative service strategies that empower people with I/DD and increase access to integrated settings as exemplified by the collaborative approach to the Employment First Act. (Policy Objective)

Objective #3: With the CCDDDB, continue financial commitment to community-based housing for people with I/DD from Champaign County and as part of that sustained commitment, review the Community Integrated Living Arrangement (CILA) fund and recommend any changes. (Allocation Priority/Criteria Objective)

Objective #4: Collaborate with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability on promoting inclusion and respect for people with I/DD. (Collaboration/Coordination Objective)

MULTI-AGENCY INVOLVED YOUTH AND FAMILIES

Goal #5: Building on progress achieved through the six Year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS), and the Champaign County Mental Health Board (CCMHB), sustain the SAMHSA/IDHS system of care model.

Objective #1: Support the efforts of the Champaign Community Coalition and other system of care initiatives. (Collaboration/Coordination Objective)

Objective #2: Sustain support of Champaign County family-run organizations that incorporate family-driven and youth-guided principles in use of peer support specialists, and other peer-to-peer supports to assist multi-system involved youth and their families (Allocation Priority/Criteria Objective)

Objective #3: Support development of a coordinated response to community violence including gun violence that leverages existing investments by the Board in prevention and early intervention services for children, youth, and families residing in neighborhoods most impacted by community violence with funds from other funders to mitigate the public health crisis associated with community violence and in particular gun violence. (Policy Objective)

Objective #4: Promote and support those targeted interventions that specifically address historical trauma experienced by African American and other minority youth disproportionately impacted in multiple systems. (Allocation Priority/Criteria Objective)

Objective #5: Sustain commitment to building systems that are trauma-informed, justice informed, family-driven, youth-guided, and culturally responsive. (Policy Objective)

Objective #6: Recognizing alignment with the work of the Community Coalition, Support the goals and objectives of the Illinois Criminal Justice Information Authority "Illinois HEALS (Helping Everyone Access Linked Systems) Action Plan" and support broad based efforts to secure funding as available through Illinois HEALS. (Collaboration/Coordination Objective)

Objective #7: Review research on racial trauma as a mental health issue and develop an appropriate response. (Policy Objective)

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CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION

Goal #6: Divert from the criminal justice system, as appropriate, persons with behavioral health needs or intellectual/developmental disabilities.

Objective #1: Continue involvement in the Crisis Intervention Team Steering Committee in support of increased collaboration between law enforcement and crisis service providers on implementing mobile crisis response in the community. (Collaboration/Coordination Objective)

Objective #2: Sustain efforts to engage persons with behavioral health diagnoses re-entering the community from jail or prison or with recent involvement with the criminal justice system, in treatment and other support services such as the Champaign County Problem Solving Court and reentry services. (Allocation Priority/Criteria Objective)

Objective #3: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Reentry Council or similar body to address needs identified in the Sequential Intercept Map gaps analysis. (Collaboration/Coordination Objective)

Objective #4: Through the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), in its partnership with the National Association of Counties (NACo), use and promote technical assistance and support through collaborative and mentorship opportunities aimed at improving outcomes for those with behavioral health needs and justice system involvement. (Collaboration/Coordination Objective)

Goal #7: In conjunction with the Champaign County Sheriff's Office and other community stakeholders, pursue a continuum of services as an alternative to incarceration and/or overutilization of local Emergency Departments for persons with behavioral health needs or developmental disabilities.

Objective #1: Support initiatives providing housing and employment supports for persons with a mental illness, substance use disorder, and/or intellectual and developmental disabilities through the Champaign County Continuum of Care or other local collaboration. (Allocation Priority/Criteria Objective)

Objective #2: Identify options for developing jail diversion services to provide behavioral health assessments, crisis stabilization and detoxification from alcohol and/or other substances as may be necessary to serve Champaign County. (Collaboration/Coordination Objective)

Objective #3: Support the "One Door" initiative or similar service design for mobile crisis response, assessment, referral, and post-crisis support and engagement. (Allocation Priority/Criteria Objective, Collaboration/Coordination Objective)

Goal #8: Support interventions for youth who have juvenile justice system involvement to reduce contact with law enforcement or prevent deeper penetration into the system.

Objective #1: Through participation on the Youth Assessment Center Advisory Board, advocate for community and education-based interventions contributing to positive youth development and decision-making. (Collaboration/Coordination Objective)

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Objective #2: Through participation and engagement in the Champaign Community Coalition and other community focused initiatives, promote and encourage multi-system collaborative approaches for prevention and reduction of youth violence. (Collaboration/Coordination Objective)

Objective #3: Utilize the principles from "Models for Change" to reduce the disproportionate minority contact with law-enforcement and involvement with the juvenile justice system. (Policy Objective)

COMMUNITY ENGAGEMENT & ADVOCACY

Goal #9: Address the need for acceptance, inclusion and respect associated with a person's or family members' mental illness, substance use disorder, intellectual and/or developmental disability through broad based community education efforts to increase community acceptance and positive self-image.

Objective #1: Continue support for and involvement in efforts to promote inclusion and challenge stigma and discrimination, such as the disABILITY Resource Expo: Reaching Out for Answers, Ebertfest, National Children's Mental Health Awareness Day, and other related community education events. (Collaboration/Coordination Objective)

Objective #2: Promote substance use disorder prevention initiatives as a community education tool targeting youth and young adults. (Collaboration/Coordination Objective)

Objective #3: Participate in behavioral health community education initiatives, such as National Depression Screening Day, to encourage individuals to be screened and seek further assistance where indicated. (Collaboration/Coordination Objective)

Objective #4: Encourage and support efforts to more fully integrate people with behavioral health disorders and/or intellectual and/or developmental disabilities into community life in Champaign County. (Allocation Priority/Criteria Objective)

Objective #5: Support Mental Health First Aid for Adults and Youth to encourage community members to provide first responder support for people that may be experiencing signs and symptoms of a crisis. (Collaboration/Coordination Objective)

Objective #6: Support development of web-based resources to make information on community services more accessible and user-friendly.

Goal #10: Engage with other local, state, and federal stakeholders on emerging issues.

Objective #1: Monitor implementation of State Plan amendments, 1115 waiver pilot projects, and Managed Care by the State of Illinois, and advocate through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHA) and other statewide associations and advocacy groups. (Collaboration/Coordination Objective)

Objective #2: Track state implementation of class action suit settlements involving persons with intellectual and/or developmental disabilities or mental

illness, e.g. Ligas Consent Decree and Williams Consent Decree, and advocate for the allocation of state resources sufficient to meet needs of clients returning to home communities or seeking fuller integration in their communities. (Policy Objective)

Objective #3: Maintain active participation in the National Association of County Behavioral Health and Developmental Disability Directors (NACHBDD), National Association of Counties (NACo), and like-minded national organizations, to understand trends, best practices, and innovations and to advocate at the federal level. (Collaboration/Coordination Objective)

Objective #4: Monitor State actions to implement terms of the NB vs Norwood Consent Decree to improve access and treatment to children and youth for community based mental health and behavioral health care under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provisions of the Medicaid Act. (Policy Objective)

Objective #5: Advocate at the state and federal level on the issue of behavioral health and intellectual and developmental disability workforce shortages. (Policy Objective)

J.B.



DECISION MEMORANDUM

DATE: November 18, 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. CCMHB members were presented an initial draft on October 21, which was also distributed to service providers, family members, advocates, and other stakeholders, with a request for comments. This draft incorporates input from the Board, staff, and others:

- *In consideration of racial disparities magnified during the time of COVID-19, suggested programming is added to the "Innovative..." and "System of Care" priority areas;*
- *New references to building empathy and managing stress are incorporated in the "Innovative Practices..." Priority and Overarching Considerations; and*
- *To account for the impacts of COVID on type of service and numbers of people served, and to prepare for continuing and future impacts, a new expectation is added to the Overarching Considerations section on Outcomes, and a new category to minimal responsiveness.*

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.
6. Evidence of planning for continuation of services during pandemic or epidemic.

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 for seniors, employment services, community living support, suicide prevention education;*
- *Building empathy, 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.*
- *Educational or treatment programs specifically addressing racism and racial trauma, to reduce their negative mental health impacts.*

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 (CCDDB) 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, including violence or racial trauma, or a mental, behavioral, or emotional disorder or who have multiple system involvement; and
- *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 (CCDDB) 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 build empathy, redefine our sense of group identity and “other”, reduce stress, and 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. **All applicants should offer insights into how COVID-19 has impacted the services they provide; if awarded funding for PY2022, accounting for these impacts, if they continue, may be done through the quarterly program reports or year-end outcome reports.**

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.

Decision Section:

Motion to approve the CCMHB Program Year 2022 Allocation Priorities and Decision Support Criteria as described in this memorandum.

- Approved
- Denied
- Modified
- Additional Information Needed

8.C.



DECISION MEMORANDUM

DATE: November 18, 2020
TO: Members, Champaign County Developmental Disabilities Board (CCDDDB)
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 Developmental Disabilities Board (CCDDDB) 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 and goals 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. CCDDDB members were presented an initial draft on October 21, which was then distributed to service providers, family members, advocates, and other stakeholders, with a request for comments. Using highlights and strikethroughs which will be removed in the approved version, the present draft incorporates input from the Board, staff, and others:

- *Eliminating redundant statement regarding contract terms;*
- *Correction of a typo (PY2021 should be PY2022); and*
- *Addition of a 6th expectation for minimal responsiveness.*

Statutory Authority:

The Community Care for Persons with Developmental Disabilities Act (50 ILCS 835/ Sections 0.05 to 14) is the basis for CCDDDB funding policies. All funds shall be allocated within the intent of the controlling act, as codified in the laws of the State of Illinois. CCDDDB Funding Guidelines require that each year we review the decision support criteria and priorities to be used in the funding allocation process which results in contracts for services from July 1 to June 30. Upon approval by the Board, this memorandum 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 to the I/DD system which do not seem to change fundamentally from one year to the next.

Provider Capacity:

The cost of turnover among Direct Support Professionals (DSPs) is at least \$2,000 per DSP across the country. Illinois' low reimbursement rates have exacerbated the situation. During

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periods of staff absence, shifts are covered by supervisors, managers, or other staff at overtime. DSPs must complete over 40 hours of training at the beginning of their service. It is costly to lose these workers, and it becomes harder to replace them when other employment opportunities are more lucrative and less demanding. The board's primary strategy for fulfilling its mission is to contract with community-based organizations for services and supports. Our success relies on a stable and qualified workforce.

- Gaps in coverage, disruption of care, and high turnover interfere with the development of positive relationships between staff and people who use services;
- service capacity cannot be expanded without a larger direct support workforce, so that even people who have been selected from the state's PUNS (Prioritization for Urgency of Need for Services) database to receive Medicaid-waiver services struggle to find providers;
- turnover adds significant costs, such as recruitment and hiring, overtime pay during shortages, and training of new staff;
- agencies and programs compete to keep direct support staff, as the need increases in other systems (e.g., care of older citizens) and as better paying opportunities arise outside of the social services;
- these problems are growing in other sectors of the I/DD workforce, including leadership and governance.

Limited Flexibility in Community-Based Services:

The national shortage of direct support professionals, personal support and respite workers is acutely felt in our community. Illinois ranks among the lowest of states in community-based I/DD care but is near the top in the use of institutional care, which separates people from their families and communities and ties up the state's I/DD appropriations in services that do not bring federal matching funds. System advocacy is needed, a strength of parent and self-advocacy networks who also point to the need for greater flexibility of care. Many barriers to flexibility arise from state and federal regulations and inadequate appropriations.

- State and federal regulatory and payment systems increase in complexity and are impacted by changes in leadership. When funding from these sources becomes harder to access, safety net systems and long-term care are threatened, shifting the responsibility to local communities.
- Provider agencies struggling to retain a workforce also experience "change fatigue." Service capacity has not expanded to meet the needs of eligible people but rather has steadily decreased across the state.
- Although Illinois has taken steps to correct low Medicaid I/DD reimbursement rates, they remain below actual cost and are identified each year by a Federal Court Monitor and Judge as contributing to non-compliance with the Ligas Consent Decree. Medicaid rules prohibit providers from charging more for a covered service to an eligible person or accepting a third-party payment. This further complicates fully serving people who use Medicaid and waiver services.
- Medicaid Managed Care contracting for I/DD would present even more challenges for provider organizations, insured persons, and local funders. Kansas and Iowa made the shift to Managed Care for I/DD with devastating results. If Illinois follows, the CCDDDB might consider new strategies for supporting people

with I/DD, e.g., indirect/infrastructure funding to keep community-based service providers functioning in the Managed Care environment.

- Nearly 400 residents of Champaign County are eligible and enrolled for, but do not yet have, Medicaid waiver awards, which are funded through the state and federal partnership. Enrollment in the Illinois Department of Human Services – Division of Developmental Disabilities’ Prioritization of Urgency of Need for Services (PUNS) database lets the state know who is waiting and some of the services they seek; PUNS enrollment creates an opportunity to establish their eligibility, justifying the use of local funding to provide relief for those waiting.

The CCDDDB works with advocates and providers to develop the resources people are seeking, to improve outcomes for people, and to promote a healthy, inclusive community. While federal and state systems are complicated, we have sought opportunities within this community’s control, optimistic that the local system could be strengthened through: direct funding of agencies on behalf of people with no other funding, or for services not otherwise funded; helping agencies to find and secure other funding; promoting system redesign; coordinating across providers and sectors; offering direct specific assistance to people with I/DD; and increasing community awareness and access to resources.

The Operating Environment After 2020:

The coronavirus pandemic of 2020 recasts these challenges. What we had advocated for with urgency might have preserved the independence, wellness, and even lives of people with I/DD and their family members. As communities attempt to reopen safely and ‘normalize,’ we should not forget some profound lessons, and consider compensating the essential workforce ‘heroes’ enough to keep them. 2020 has made the last many years look like practice. Crisis-mode and coping skills are put to the test. The I/DD system has been directly and indirectly impacted by the COVID-19 pandemic in unsurprising but major ways:

Further Loss of Provider Capacity:

In July, the American Network of Community Options and Resources (ANCOR) surveyed 191 I/DD service providers across the country to find that:

- 77% had closed programs or shut down entirely due to COVID related challenges;
- 16% of those did not expect to reopen;
- Most closures were of day and employment programs, where fewer people are served upon ‘reopening’ in order to ensure appropriate social distance, and lower utilization is not financially feasible;
- Additional costs (personal protective equipment, COVID-19 testing, cleaning supplies, training, staff overtime) may have been covered by short-term aid but will continue to be required for safe service delivery; and
- Increased access issues are predicted for people with I/DD (e.g. transportation).

(based on a summary report by Michelle Diament, “COVID-19 May Shut Many Disability Programs for Good” in Disability Scoop, August 24, 2020)

Virtual Day Services (VDS) is a newly approved service category in Community Day Services (CDS), after online platforms were explored by many service providers and their customers during shelter-in-place and reduced in-person phases. With the caveats that these be person

centered and planned so that individuals can participate safely and with any appropriate supervision or support to do so, these activities:

- Assist with acquisition, retention, or improvement in self-help, socialization, and adaptive skills;
- Mitigate risks associated with social isolation (loneliness, declines in skills or memory, deterioration of personal hygiene or physical/mental health); or
- Support development of hobbies, leisure, or cultural interests, personal health and wellness, self-determination and self-advocacy, interaction among those not living together, or discussion of current events.

(from Allison Stark, Director of IDHS-DDD, webinar presentation on August 21, 2020)

In addition to barriers associated with the 'digital divide,' these activities newly billable for state-waiver recipients are limited:

“Only current CDS providers will be eligible to provide VDS. Up to 10 hours per week will be billable. The hours will count against the 1100 hours/year currently allowable for CDS. The anticipated staff/individual ratio will be 1:10. The proposed reimbursement rate is \$5.46/hour. It has not been decided yet whether the program will be applicable to ICF/DD and SODC residents.”

(from McManus Consulting newsletter, August 21, 2020)

Increased Pressure on Families:

Family caregivers of people with disabilities are more likely to be experiencing isolation, anxiety, and other ill-effects from the coronavirus pandemic. Respite or Personal Support Workers can provide relief. In a June 2020 report to the CCDDDB, funded agencies shared early examples:

- “Some families are spending an increased amount of time connecting with their ISC [CCRPC Independent Service Coordinator] due to increased isolation...” and
- “IFS [DSC Individual and Family Support] staff have taken a couple of the individuals out on rides, to the parks, or on walks to give some of the families who are really struggling and have no other support a break so they can get things done such as even just being able to mow their yard.”

Researchers at University of Pittsburgh’s National Rehabilitation Research and Training Center on Family Support surveyed 619 family caregivers and 2,933 non-caregivers in their area in April and May and found:

- Across ages and levels of education and income, 63% of caregivers had increased responsibilities for the family member;
- For over half, caregiving was emotionally more difficult due to Covid-19; and
- Compared to the non-caregivers, they were more likely to have worse health and finances, increased anxiety and depression, and greater worry about getting Covid-19.

University of Connecticut’s Collaboratory on School and Child Health researchers surveyed 407 caregivers across the country, 225 of whom had children with ASD or ADHD, and the remainder with typically-developing children:

- Family caregivers in both categories reported increased worry and decreased ability to participate in self-care activities;
- Those caring for typically-developing children cited inability to see friends or family;

- In contrast, those whose children have developmental disabilities reported a greater caregiving burden and symptoms of depression and anxiety; and
- Those caring for children with DD noted less support for their child's educational goals, trouble accessing child care, loss of employment or reduced work hours, and increased financial strain.

(both studies are reported by Michelle Diament in "Pandemic Hitting Families of Those with Disabilities Harder" in Disability Scoop, August 28, 2020)

'Threats to Individuals' Skills and Well-being:

For people with I/DD, the loss of day programming, employment, social life, and community engagement, and the increased reliance on support at home, whether in the family home or in group living settings has brought new issues and exacerbated others:

- Loss of employment has been widespread as employers face profound financial hardships or go out of business. For laid-off workers who received pay due to relief funding, the loss of work has had other effects, and permanent job loss is possible. Where there have been modest gains in employment, people with disabilities are not experiencing the same recovery. According to the Institute on Disability's National Trends in Disability Employment Jobs Report for September 2020, "we are likely to see these declines continue as more workers move from furlough to termination."
- Community life is harder to access than ever. The previous persistent barriers to access pale in comparison to the extremely limited options for safe interaction with others, whether for recreation, fitness, faith, friendship, food, or other. Those services creatively offered in community settings have been very limited.
- In Illinois and elsewhere, Covid-19 took a heavy toll on residents and staff of congregate living settings, particularly those serving larger numbers of people.
- While the rates of infection and death have tended to be lower in smaller group living arrangements, there were other ill effects from isolation, fear of becoming sick, loss of loved ones, and disruption of routine. Individuals with I/DD and their staff have the same behavioral health concerns experienced by families during this time, including increased anxiety and depression. "Reopening" or resuming services requires sensitivity to the impacts of trauma on all participants.
- Racial disparities in all service systems are profound, and an example is cited in the section below on Underserved/Underrepresented Populations.

Among children returning to school remotely across the country, disparities in the educational system grew wider:

- Online learning interferes with IEPs (Individualized Education Programs) which set academic and behavioral goals and identify the services children are entitled to;
- Children who need hands-on instruction or can't work independently rely on parents who may not have the time, skill, or confidence;
- Gaps in children's online learning experience are 'sharply visible' and the role of parents crucial, so that even for those who don't have to work, distance learning is stressful, requiring equipment and time they did not already have; for parents already overstretched, the burden is unmanageable;

(summarized from "For Kids with Special Needs, Schooling Divides Haves and Have Nots" by Anna Almendrala, Kaiser Health News, September 16, 2020)

Even for children in families with adequate equipment and family resources, there are dangerous barriers:

- With inconsistent education during remote learning and difficulty securing assessments and services quickly, some children are losing progress;
- Therapists' services and evidence-based practices are not as effective through a computer screen, so many children are doing without;
- Parents must learn very quickly about a specific therapy, intervention, or communication strategy, in order to serve as the bridge while school districts work to improve teacher-student interactions;
- Some students are at high risk for social-emotional impacts, especially when unable to communicate with their families and therefore more isolated;
- Many who require special education services have been disproportionately absent from online learning platforms; and
- While remote assessments are being developed to offer in place of in-person versions, a backlog is growing.

(summarized from "Kids with Disabilities are Regressing: How Much is Distance Learning to Blame?" by Sonali Kohli, Los Angeles Times, August 25, 2020)

With loss of progress and the burden of new stresses, our service systems must prepare for increased demand for supports and services as physical restrictions are lifted and services 'resume'. Those most deeply impacted during 2020 will require more attention and support in 2021 and beyond, in order to fully recover from any losses and then, to thrive.

To the extent possible, expanded or redesigned services should be pandemic-proof, supporting individual and family recovery from the long months of isolation and added stress, and securing a more stable service and support system for the future. This recovery should focus on individuals and their supporters, paid and unpaid. Formal services should focus on those who have no other source of funding on which to rely.

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 these online tools, are available upon request through the CCDDDB office.

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 intellectual/developmental disabilities. **How will they improve the quality of life for persons with 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.
6. Evidence of planning for continuation of services during pandemic or epidemic.

“I want to work part time, hang out with my mom, and live a low-key life.”

– *Anonymous, from the CCDDDB 2018 Community Needs Survey*

Assessed Needs of Champaign County Residents:

The September 8, 2020 State of Illinois PUNS data show the following unmet needs for Champaign County residents, in rank order:

- Personal support (habilitation, personal care, respite)
- Transportation supports
- Vocational supports
- Behavioral supports
- Residential supports (out of home 24 hour or less)

The year-end report prepared by the Champaign County Regional Planning Commission (CCRPC) Independent Service Coordination (ISC) unit aggregates the results of additional questions asked of those who enroll or update their PUNS information during the contract year. From that assessment, we learn that people value activities such as going out to dinner, movies, sporting events, and other recreation. Because this is not asked on behalf of the state but rather on behalf of the CCDDDB, it is not documented in the summary above. Recreational and social activities are often affordable in our county under ‘normal’ circumstances, and some were transitioned to online platforms during the far-from normal 2020. As we move to a new normal, we should not lose sight of these preferences.

To the extent that help from others is desired and effective, a well-coordinated system of services and supports can improve an individual’s access, independence, self-esteem, and productivity. People who are realizing their goals and feel connected are healthier and safer and contribute meaningfully to the community’s health, culture, economy, and mood.

Program Year 2022 CCDDDB Priorities:

Priority: Self-Advocacy

Nationally most care is provided by family, friends, and community. Parents and self-advocates define and improve the system of supports, including non-traditional resources, and raise awareness of disabilities and of how the system works. Self-advocacy and family support organizations, especially those governed by people who have I/DD and their families/supporters, might focus on: improved understanding of the personal experience of I/DD, resources, and rights; peer mentoring and networking to support other family- or self-advocates; navigating the service system; engaging in system-level advocacy; and distributing current information on any helpful resources.

Priority: Linkage and Coordination

The CCDDDB will support advocacy efforts to connect people who have I/DD to appropriate state funding and other resources. Conflict-free Case Management (CFCM) and Person-Centered Planning (PCP) are federal standards required for all Home and Community Based Services. Different from CFCM, intensive case management or coordination of services may be helpful to people with more complex support needs related to aging, co-occurring conditions, or traumatic experiences. Planning and assessment activities should have no risk of conflict of interest; advocacy, linkage, and coordination of services should be guided by a Person-Centered Plan.

Priority: Home Life

People who have disabilities should have options for housing of their choice, in their own communities, with people they choose, with supports appropriate to their needs and preferences. Given the limitations of residential options funded by the state/federal partnership, proposals may offer creative approaches to independent community living in Champaign County, especially for those who qualify for but receive no services. Home Life supports will also include: finding, securing, and maintaining a home; preparing to live more independently or with a different set of people; and similar.

Priority: Personal Life and Resilience

Delivered in the least segregated environments and selected by the person, supports for personal success and resilience may include: assistive technology and accessibility supports; speech or occupational therapy; respite or personal support in the individual's home; personal care in other settings; training toward greater self-sufficiency; transportation assistance; strategies to improve physical and mental health, and more.

Priority: Work Life

Job development and matching, job coaching, job skills training in community work settings, and innovative employment supports may help people achieve their desired outcomes. Proposed programs should incorporate recommended or innovative practices, the principles of Employment First, and a focus on people's aspirations and abilities, in the most integrated community settings possible. Paid internships may produce positive results for people traditionally directed to sheltered day programs. People may desire support for paths to self-employment/business ownership. Job matching and educating employers about the benefits of working with people who have I/DD should lead to work for people with I/DD.

Priority: Community Life and Relationships

Flexible support for people with I/DD can stabilize home and community life in person-centered, family-driven, and culturally appropriate ways, and should emphasize social and community integration. Of interest would be: facilitation of social and volunteer or mentoring opportunities; support for development of social and communication skills; connection to opportunities available to community members who do not necessarily have I/DD; and access to preferred recreation, hobby, leisure, or worship activities.

Priority: Young Children and their Families (collaboration with the CCMHB)

Services and supports not covered by Early Intervention or under the School Code, 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; or systematic identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces. Through the Boards' intergovernmental agreement, the Champaign County Mental Health Board (CCMHB) has funded these programs, which complement programs addressing behavioral health of very young children and their families, and for which service providers collaborate as a System of Care for children and families. For PY2022, the CCMHB may continue this priority area as a demonstration of their continued commitment to people with I/DD.

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 the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Members of racial and ethnic minority groups also encounter disparities in access to and quality of care related to I/DD.

For example, on average, Black children are almost 5.5 years old before they receive a diagnosis of autism. Because a reliable diagnosis can be made before age 2 and effective early therapy can be offered, this is a critical delay in opportunity, with harmful outcomes. Washington University researchers studied 584 Black children seen in autism specialty centers in St. Louis, Atlanta, New York, and Los Angeles 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 prevalence of autism is consistent across racial groups, there was a disproportionate burden of I/DD in this sample, with absence of predictive factors (household income, preterm birth); the researchers warn that racial disparities in diagnosis and care 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 application system includes a CLCP form aligned with requirements of Illinois Department of Human Services. The form has been modified so that an agency may include activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) Applications should address earlier, more accurate identification of I/DD in underrepresented populations, as well as reduction of racial disparities in the utilization of services. Members of underserved populations and people living in rural areas should have the opportunity to use quality services; engagement strategies should be identified.

Inclusion, Integration, and Anti-Stigma

Proposals for funding should promote the fullest possible community integration. 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 centers, or social clubs/networks. Community involvement helps decrease stigma. Stigma limits people's participation, inhibits economic self-sufficiency, and increases vulnerability. It may even be a driver of declining State and Federal support. 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. The CCDDDB has an interest in building resilience, community awareness, and inclusion, as well as directly challenging negative attitudes and discriminatory practices. Fullest inclusion aligns with standards established in Home and Community Based Services rules, Workforce Innovation and Opportunity, and Department of Justice ADA/Olmstead findings. Although complicated, the paradigm shift these represent is clear.

Outcomes

Applications for funding will identify measures of access for people seeking to participate in the program and outcomes expected to result from this participation. Because defining and measuring valuable outcomes is challenging, an 'outcome measure bank' and a reporting template are available online. A small set of programs may be selected to receive intensive support from UIUC Department of Psychology researchers in the development and use of theory of change logic modeling. Organizations reporting on outcomes to other funders may include those outcomes, if relevant, in the application for CCDDDB funding. The Council on Quality and Leadership and the National Core Indicators share a focus on:

- *Personal Outcomes* – improve people's positive **relationships**, increase personal **satisfaction**, allow them to exercise **choice** in decisions made about/for/with them, support **self-determination**, support **real work**, and increase people's **inclusion** in their community.
- *Family Outcomes* - support **involvement** of family members of people who have I/DD, offer them opportunities for **connection**, reliable resources for **information**, **planning**, **access**, and **support**, give them **choice and control**, and maximize **satisfaction**.

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 CCDDDB has emphasized coordination and collaboration, not only to avoid overserving and overspending but also to reach our least connected residents. Of interest are: collaboration with other providers; a commitment to updating information in resource directories and databases; and participation in trainings, workshops, or council meetings with other providers of similar services. While the CCDDDB cannot pay for services which are covered under the School Code or are the responsibility of other service systems (e.g., medical, law enforcement, justice system), activities may include collaboration, linkage, training, and similar as appropriate to the proposed service and people to be served. Written working agreements should include details of coordinated services, referral relationships, and other partnerships between providers; applications for funding should acknowledge these relationships. Collaboration may also be captured in a joint application submitted by two or more agencies and proposing services and supports consistent with their shared mission.

Shared infrastructure (physical, data systems, professional services, etc.) can support organizations' common goals, reducing indirect costs, reporting on shared outcomes, etc.

Budget and Program Connectedness

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 the associated costs to be charged to the CCDDDB. While these funds should not pay for service activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability.

Person Centered Planning (PCP)

Every person who will participate in a proposed program should have the opportunity to direct their services and supports. The Person-Centered process seeks a balance between what is important TO a person and what is important FOR a person and includes strengths, preferences, clinical and support needs, and the person's desired outcomes. CCDDDB funding should be associated with people rather than programs. All services and supports should be documented in a plan which is directed by the person and consistent with Illinois Department of Human Services – Division of Developmental Disabilities' guidelines for PCP. In a self-determined, integrated system:

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

Applications for funding will describe how specific services relate to what people have indicated that they want and need. For PY2022, funded programs will be required to report all service activities in simple categories, as full hours, to capture whether the service happens with the individual or on their behalf (in their absence) and whether the service is delivered in the community (including the person's home) or at an agency office.

Benchmarks may be developed to promote fullest inclusion. Previous years' aggregate reports have demonstrated the complicated service mix and widely varying utilization patterns and costs, but lowering the time spent reporting should increase direct support.

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 CCDDDB resources: state, federal, and

local funding; volunteer or student support; community collaborations. If CCDDDB funds are to be used to meet a match requirement, reference the funder requiring match and identify the match amount in the Budget Narrative. *The CCDDDB is often not eligible to apply directly for federal or state funding but encourages and assists eligible entities in identifying and pursuing opportunities.*

Process Considerations:

Priority areas and overarching considerations will be used as discriminating factors which influence final allocation decision recommendations. The CCDDDB uses an online system for agencies applying for funding. An agency must complete the one-time registration process, including an organization eligibility questionnaire, before receiving access to 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 CCDDDB funds, applications must reflect the Board's stated goals, objectives, operating principles, and public policy positions; downloadable versions of these Board documents are available on the public page of the online application system, at <http://ccmhddbrds.org>. Final decisions rest with the CCDDDB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across disability support areas, and alignment with decision support criteria.

The Intergovernmental Agreement between the CCDDDB and the Champaign County Mental Health Board (CCMHB) establishes that a portion of CCMHB funding be reserved for allocation to I/DD services and supports. These allocation decisions are aligned with CCDDDB priority areas as defined in this document. Recommendations will be made by the CCDDDB and staff, which are then considered and acted upon by the CCMHB, resulting in contracts between the CCMHB and I/DD service providers.

The CCDDDB 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 for people who have intellectual and/or developmental disabilities. The nature and scope of applications may vary widely and may include treatment and early intervention models. As a result, a numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of its members who have I/DD, and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCDDDB. In the event that applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCDDDB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities. The CCDDDB 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 CCDDDB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDDB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and, at the discretion of staff, may be disqualified from consideration.
- Letters of support 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 CCDDDB 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 CCDDDB and residents of Champaign County.
- The CCDDDB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDDB deems such variances to be in the best interest of the CCDDDB and residents of Champaign County.
- Submitted applications become the property of the CCDDDB 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 CCDDDB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years, with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services 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 CCDDDB.
- The CCDDDB 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 shall 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 CCDDDB reserves the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.
- The CCDDDB 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

application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCDDDB reserves the right to require the submission of any revision to the application which results from negotiations conducted.

- The CCDDDB 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 CCDDDB may deem some programs as appropriate for two-year contracts.~~

Decision Section:

Motion to approve the CCDDDB Program Year 2022 Allocation Priorities and Decision Support Criteria as described in this memorandum.

- Approved
- Denied
- Modified
- Additional Information Needed

DRAFT

J.D.



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

BRIEFING MEMORANDUM

DATE: November 18, 2020
TO: Members, Champaign County Mental Health Board (CCMHB) and
Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Agency Updates on COVID-19

Background:

The purpose of this memorandum is to document changes and challenges to our local services and supports, including as experienced by staff, agency providers, and those they serve, as COVID-19 and efforts to control its spread impact our lives and systems.

CCDDB/CCMHB Staff Update:

CCMHB/CCDDB staff have worked primarily from home since March 13. Office attendance is limited to one person per business day, with a few exceptions and after hours work as needed. I use the Lyle Shields Room during online board meetings and study sessions, per the revised rules of Illinois Open Meetings Act. Each of us shares with one other staff member a Zoom account which can host larger meetings. We have a daily check-in, not required but helpful for staying connected and addressing work issues as they develop. As we receive agency independent audits, reviews, and compilations and prepare for Program Year 2022 applications and their review, daily discussions have turned to how we can improve our processes. To navigate the new uncertainties related not only to service needs and provider capacity but also to state and local budgets, we have taken advantage of webinars and virtual committee meetings.

To support service providers, Kim Bowdry coordinated an August workshop on *“Strategies for Self-Care during Covid-19 and Social and Cultural Uncertainty”* presented by Karen Simms, and a September workshop on *“Responding to Suicide with Compassion”* presented by Kim Bryan. Shandra Summerville hosted a forum, *“Healing Conversations After the Election at the Workplace,”* for the Mental Health and Developmental Disabilities Agencies Council.

Funded Agency Responses:

In April and in June, Associate Directors Kim Bowdry and Mark Driscoll asked agencies with current CCDDB and CCMHB contracts for updates on how they are responding to the impact of COVID-19, whether related to the services they provide, their workforce, or



their contact with persons served. Those updates were presented as briefing memoranda to both Boards and gave early indications of how programs could adapt to continue serving their clients.

Contracts issued for the Program Year 2021 (July 1, 2020 to June 30, 2021) contain a provision for consideration of adjustment to any program's scope of services or submitted budget, in response to direct or indirect impacts of COVID-19. Funded agencies submitted first quarter reports for their programs at the end of October. In some cases, COVID-19 impacts were documented in the Comments section of the Program Activity report. Those notes follow:

Champaign County Regional Planning Commission, with CCDDDB-funded program Decision Support for DD/PCP and three CCMHB-funded programs:

Independent Service Coordination (Decision Support/Person Centered Planning): No new concerns noted. Staff attended 6 IEP meetings. Transition Consultants met with Unity High staff to discuss services.

Homeless Services System Coordination (HSSC): No new concerns noted. Carle Community Health joined the continuum in June, Land of Lincoln in July, and Champaign Park District in August.

Justice Diversion Program (JDP): No comments.

Youth Assessment Center (YAC): data shows referrals to the YAC were down.

CU Able, with CCDDDB-funded program CU Able Community Outreach:

Comments on activities, many virtual. No notes specific to COVID-19. *A request has been made for change of scope, as the agency plans for upcoming months.*

CU Autism Network, with CCDDDB-funded program Community Outreach:

Comments on activities. No notes specific to COVID-19.

Champaign County Children's Advocacy Center, with CCMHB-funded program Children's Advocacy:

No comments.

Champaign County Christian Health Center, with CCMHB-funded program Mental Health Care:

(Among other comments...) Due to Covid-19, we have been limited to providing services/appointments via Telehealth/Telemedicine. Additionally, OSF Hospital repurposed the Community Resource Center (our clinic location for the last few years) to build a VA clinic. Therefore, CCCHC is in the process of finding a new location/building.

Champaign County Down Syndrome Network, with CCDDDB-funded program:

Comments on activities, many virtual. No notes specific to COVID-19.

Champaign County Head Start/Early Head Start, with CCDDDB/CCMHB -funded program Social-Emotional Disabilities Services, and CCMHB-funded program Early Childhood Mental Health Services:

SEDS: Definitions of all reported categories. No notes specific to COVID-19.

ECMHS: Definitions of all reported categories. A note that some activities have had to be adapted due COVID-19.

Champaign County Health Care Consumers, with CCMHB-funded programs CHW Outreach and Benefit Enrollment and Justice Involved CHW Services and Benefits:

Community Health Worker Outreach and Enrollment: (Among many comments, some COVID-19 specific...) This first quarter of the new fiscal year has been extremely challenging. People are experiencing tremendous amounts of stress, and real financial challenges that exacerbate the stress, produce hopelessness and suicidal ideation. We have many clients who need help with resources, but who also need emotional and social support, which we provide as we work with them on benefits and resource issues. We have several clients who have needed weekly check-ins with us, just for social support, because of their fragile mental health. Below is a snapshot of some key issues we dealt with in each of the three months of this quarter...

A new program, Pandemic- EBT (PEBT) was recently launched and the only requirement was to have a child who received free/reduced lunch during the school year. This program, too, is behind in processing. Since all the offices are closed due to the coronavirus, the phone lines are impossible to get through. Even the emails where we are usually able to get responses are now sending automatic replies indicating a high volume and promising an eventual response. When a client has the capacity to use the online portal (ABE) to see information about their benefits, the information is not up to date or doesn't include the most recent application. There seems to be no place to get information or status updates. When we do get responses, caseworkers talk about being overwhelmed and that the applications are still processing. They, too, are living and trying to work during a pandemic. And this did not happen overnight, the Rauner administration dealt a severe blow to the state case management infrastructure, but even before that previous administrations invested in faulty technology that led to widespread case terminations and a complex backend system that created two separate databases for clients with benefits. We are reaping all of that now. We are helping people find food pantries and sign up for financial assistance at the hospitals, as well as finding rental assistance programs for people who have yet to receive their unemployment or stimulus checks. Hopefully, we can push for more accountability in the future and create higher standards for the systems we design that deal with our most vulnerable populations. We can demand more for our community. Meanwhile, the people who have to navigate these systems are already stressed, scared, and depressed, and in need of emotional and social support...

September - This month we have seen an increase in call volume. Even though the pandemic has delayed and slowed us down, life continues. We have clients who are leaving jobs, starting jobs, clients who are moving away or moving into

the area and need to find care... We are taking note of these interactions as we prepare for a completely remote Open Enrollment season. This will be more difficult with our Medicare clients who are less likely to be comfortable doing everything over the phone or computer. We will be developing materials to hopefully make this transition easier and make sure that our clients still have all the information they need to be confident about their enrollment decisions even though the process looks different.

Justice-Involved Community Health Worker: (Among many comments...)

July - During this month referrals have still been low but I've had a few people reach out now that they've been released from the county jail or IDOC and are now needing to establish some sort of health care coverage. Primarily clients have been interested in SNAP benefits and other financial assistance due to COVID, specially if they have families...

August - During this month I was able to get back to the Jail and meet with clients one on one. We have had a more constant stream of referrals from Rosecrance and have been able to get to most of them. Unfortunately, some of the clients have shared with me that they will be going to prison so they will not be needing our services but I was still asked to make a few changes for them such as change of address or change of managed care plans. Most applications have been taking a longer time to be processed so we are not sure how many have actually been approved. Some clients have been waiting weeks if not months for both Medicaid and SNAP benefits so we might have a lot of appeals going out to DHS soon if nothing is done.

Community Choices, with CCDDDB-funded Community Living, Customized Employment, and Self-Determination Support:

Community Living: (Among other comments...) COVID Impacts: Community Transitional Support has continued to run with some minor changes during Q1. Participants were given the option of if they wanted to meet in person, over zoom, or on the phone. People chose a variety of options. When meeting in person we try to do so outside as weather permits. The impact on the broader community from COVID does trickle into the support we are able to provide. People have lost jobs, putting housing in question, goals related to community connections, transportation, and getting involved with groups and relationships have been much harder if not impossible to address. Some positive impacts have just an increase in comfort with technology use among some members and working on more cooking skills as restaurants are less accessible currently.

For our Personal Development Classes - These have resumed, though they are taking place over zoom. We offered two classes that started this Quarter: A Practical Guide to Friendships and Current Events. Participation was strong. People's comfort level with zoom through our ongoing zoom groups provided a nice bridge for providing these more targeted supports with the medium.

Customized Employment: (Among other comments...) COVID IMPACTS: The Pandemic has had a marked impact on our employment program. During the first phase of the pandemic, we put most employment searches on hiatus, supported people who were still working as needed, and checked in with every one to ensure

they were getting their basic needs met. This quarter we did re-start our service as much as possible. We began by checking in once again to determine if and how each person was comfortable moving forward. Many people were not interested in seeking new employment during the pandemic and voiced a desire to restart once there was a vaccine. Of the 11 people who were closed in Q1, 8 were a direct result of their discomfort working during COVID. The other 3 were because they were doing well and no longer needed specific supports from us. Three of the people now currently seeking employment, had been employed (and open with us) prior to the pandemic breaking out, but lost their jobs as a result. They are all still interested and have restarted the job search. In general, we have found that some places are still hiring, and people are getting interviews, etc. The current world situation has put additional factors into how we approach businesses and what type of assessments we make about if they are going to be a good potential match for someone. For example, it has come up several times where some businesses are being very flippant about exposure, which requires that we weigh things carefully, e.g. Is it responsible to work hard for a good match at a employer that could put everyone involved's health at risk? On the positive note, the pandemic has caused everyone to be more creative, including businesses. We've already seen some examples of company's carving out specific jobs that wouldn't have existed previously. If this quarter is an indication, it is still likely to be a challenging year for anyone seeking employment, but hopefully there will be more of these productive match-ups of new business needs and our pool of candidates.

Self-Determination Support: (Among other comments...) COVID IMPACTS: During Q1 we have continued to offer our daily zoom sessions, though we've decreased the number we offer each week. We're now doing daily check-ins and 2 afternoon sessions per week. These longer sessions are based on those most popular, such as cooking, let's move, and some of the game groups. We have seen a decrease in attendance. For many we have found that this is because they are getting back to some of their regular routines, working, volunteering, going to day programs, school, etc. We also have been ramping our typical supports back closer to their former levels, so time for all is devoted back to that. We've also restarted classes this quarter which has taken the space of some of the pervious afternoon zoom sessions... We've also re-started some of our in person social opportunities. We've chosen outdoor events whenever possible and limited RSVPs to 6, rather than 10 so that we can more easily social distance. Additionally, we kicked off our 1st round of 1/2 day social opportunities. We'd planned these to look somewhat different, but the lack of community events happening made it more challenging. Most of the 1x per week sessions happened in October, but they did start in Sept. More personalized connections with community groups has been really challenging as many if not most of these type of things are not occurring. We've continued to work through our new Connect Exploration process to identify what could be available now and what we might want to focus on with people in the future.

Community Service Center of Northern Champaign County, with CCMHB-funded program Resource Connection:

We are seeing the continued impact of the pandemic and related restrictions in terms of the number of NTPCs and "other" contacts by other agencies using our offices. Even though the stay at home restriction was lifted in May, many people are still hesitant on going anywhere unless it's absolutely necessary. This is an anecdotal observation by our staff and conversations with clients and staff from other organizations. We expect this trend to continue well into the next calendar year. However, we are seeing more visits from staff from other agencies in the last two months and hopefully that will continue.

Courage Connection, with CCMHB-funded program Courage Connection:

Comments are not specific to COVID-19.

Crisis Nursery, with CCMHB-funded program Beyond Blue-Champaign County:

(Among other comments...) Challenges: As our families continue to adapt to the uncharted times that are COVID-19, this quarter saw a rise in mental health concerns. A new stressor for families is arising as older children started attending school virtually. Many of the mothers enrolled reported feeling as though they were not equipped to offer this support to their children and also that they were struggling to find time to check in with themselves and care for themselves during this time. Additionally, families continue to find themselves often in dire straits during these times, in a way that presents the stress of just not having the resources to meet basic needs. For example, there are a couple families in financial stress right now and been referred to local resources. Most of the time it works out, however the challenge is that sometimes the resource is overworked during this time or the help to offer just becomes scarce and the family does not end up receiving the help they need. This situation can be a challenge and a stressor for all involved.

Cunningham Children's Home, with CCMHB-funded programs ECHO Housing and Employment Support and Families Stronger Together:

ECHO: Comments not specific to COVID-19. Service contacts ahead of target.
Families Stronger Together (FST): (Among other comments...) we believe COVID-19 has negatively impacted service requests due to its impact on the operations of our potential referral agents. We are on target for the number of NTPC clients served (i.e., those enrolled in brief services) with seven NTPC served during the first quarter. To date, many clients enrolled in the brief services component have pursued full services and become TPC clients. We entered FY21 with 6 TPC clients and have added two additional TPC clients during the first quarter. This is approximately 33% fewer clients than we anticipated based on our target. In an effort to boost referrals, we have a) developed a 'short form' version of the referral form to simplify the referral process; b) we have reached out to school social workers in Champaign and Urbana to share our program brochure and referral form; c) we have connected with the READY program to share our program brochure and referral form; and d) we have reached out to other

organizations that serve families in Champaign County to inform them of our program/services (DREAM, Rosecrance, Ft. Sooy and C-U One to One Mentoring).

DREAM House, with CCMHB-funded program, Dream Big!:

(Among other comments...) FYI, in quarter 2, we have re-opened and increased services through Dream Big! Learning Centers to provide educational and social emotional support during COVID-19. Two Learning Centers are opened to serve a total of 58 DREAMers.

DSC, with CCMHB-funded program Family Development and CCDDDB-funded programs Clinical Services, Community Employment, Community First, Community Living, Connections, Employment First, Individual and Family Support, and Service Coordination:

Family Development (aka Children's): DSC's developmental therapists and speech language therapist have been conducting therapy, evaluations, school meetings, and screenings via video to families who signed up for these services. Check-ins, encouragement, and praise have also been "delivered" through texts, emails and phone calls to stay connected with these families as well as provide resources, current information, strategies and activities to help carry over therapy at home. Therapists have delivered puzzles, visual choice menus, visual schedules, activity bags, manipulatives, books, diapers, food and other essential items to the families.

Clinical Services: (Among other comments...) Six individuals were closed from Counseling Services since Women's Group is no longer held due to Covid-19 restrictions. No other needs have surfaced for the participants at this time... Due to the Covid-19 stay-at-home order many practitioners utilized telehealth services via Zoom or telephone, however starting in July some began seeing individuals face-to-face. One counselor has been setting up outside meetings with lawn chairs, masks, and social distancing as telehealth does not work well for everyone. Overall, individuals are doing well despite the circumstances, but the counselors do report seeing an increase in the individuals' maladaptive behaviors/emotions stemming from not getting back to a regular routine, particularly those that are unable to work right now. None of the counselors feel that they are able to discontinue services at this time. Psychiatry services are conducted via telehealth appointments.

Community Employment: Covid continues to play a huge role in people's interest in searching for employment. Concerns including an inability to wear a mask for any length of time, fears of exposure on the MTD or on the job, fears for the health of family members have caused some people to maintain a hold on their job search. For those who are ready to resume their search, DSC's Employment Specialists (ES) have been creative and strategic in their attempts to serve and support them. They have utilized outdoor spaces with access to WiFi to aid job seekers in researching and applying to jobs. They have conducted conference calls and have utilized online meeting spaces like Zoom to keep individuals, families, and other team members "in the loop" regarding service planning and updates.

Natural supports in the workplace are also utilized by the ES to increase an individual's skill development and independence. One employer for instance had reached out to the ES noting that coworkers of a person served had observed the person getting fatigued more frequently during work. The ES and employer shifted around some duties and responsibilities and cut down some hours to accommodate the individual. Increasingly, the use of technology in the workplace is becoming more and more a skill set that is expected by employers. One individual has, as part of their personal plan, an outcome to become comfortable with and then learn to navigate the employer's online system for time keeping, weekly schedules, company news, etc. ES's are becoming more involved in coaching individuals to be able to access and use these online tools. They are also more involved in assisting individuals to access and complete online training requirements. One recent referral to the program had as their top job coaching request to get assistance with Walmart's online training program – not to get the answers, but rather to help navigate and understand exactly what the training content is. Another one of our employer partners, Carle Hospital, has recently had some online training requirements added that employees must complete to be in compliance. ES's have assisted many individuals to become more comfortable with accessing these trainings in Food Safety; General Workplace Best Practices; Environmental Safety and Safety Data Sheets. The Urbana-Champaign Independent Media Center and Hessel Park Church became new Supported Employment sites. Given the vulnerability of our clientele and the strategies necessary to reduce/limit the exposure/spread of the coronavirus, our Supported Employment specialist has had to re-evaluate the safety of a few of our pre-pandemic employment sites. While some have proven to be locations where social distancing can be maintained with even a reduced SE crew, a couple have been put on hold for the time being, as the indoor spaces are too small or the volume of community members within the space is too great for our crews to feel comfortable/safe working in those particular environments.

Community First: Covid 19 and the resulting shutdown of in-person services continued to have a huge impact on service delivery to people in the program. Remote program options expanded in the first quarter of FY21 to include more virtual groups. In some instances, staff delivered material for group participants at their homes. On September 8th, in-person services resumed for those participants living at C-U Independence Apartments, as well as one on one services for people who didn't feel safe returning to small group options. Group offerings, which previously ran for 16 weeks are now evaluated and restructured as interest and feedback from participants is received. Participants at CU Independence were able to stretch and unwind with Yoga and Meditation, realize their fitness goals with Health Matters, and explore close by parks in the walking group. Dance was newly offered, giving residents an active and fun way to express themselves. Additionally, our Journaling, Self-Awareness, Women's, and Men's groups continued, all offering a strong theme of advocacy and connection during this difficult time. The Podcast group emerged from this closure, offering participants new ways to explore themes of interest to them. The group decided to pursue creating their own podcast to share their voices with the community and beyond.

This podcast has moved forward with a vision, committee, and even a name, Beyond Ability. Our virtual groups were widely popular so that those living on their own or with family could follow along safely. Women's Group, Men's Group, Self-Awareness, and Journaling were popular, as they allowed that same theme of advocacy and connection to continue online. Music, Learn a New Language, Astronomy, Zoology, and Book Club were also favorites this quarter. Learn a New Language focused on teaching participants to say "Hello, Goodbye, and How are you?" in several different languages. We have been pleased with the strides individuals have made in learning new technologies and developing new skills, and also in the program's ability to adapt and change.

Community Living (was Apartment Services): (Among other comments...) Extra services are being provided to those with compromised health conditions as Covid continues.

Connections: Although the discontinuation of direct services due to Covid extended into the first quarter of FY21, virtual groups kept people connected to their passion for art and to each other. Interest in virtual groups has ebbed and flowed since the Covid shutdown. Employment Counselors have creatively modified their group offerings to be more compatible with the virtual format, but art instruction is much easier in person than via a zoom meeting, leaving some participants frustrated by the lack of hands on support. Instruction continues to be fluid and responsive to feedback from group participants as much as possible. In-person services resumed on a small scale on September 8th with some participants choosing to continue virtual participation at this point. Those who are participating in-person at The Crow are following guidelines for social distancing and providing feedback regarding what new services look like following their return for in-person services. Soap-making has resumed following its popularity at the last Open House held just a week prior to the shutdown in March. Two participants are producing soap in anticipation of an online sale this fall with a focus on the holidays. The adult coloring fad that resulted in a sales boon of adult coloring books at bookstores around the country is alive and well with program participants. This became a popular group that was offered virtually during the COVID day program closure and is now being offered both virtually and in-person at The Crow.

Employment First: (Among other comments...) As a result of COVID-19 restrictions and the hiring of the new Employment First/LEAP Coordinator, there were no in-person LEAP or front line staff trainings. We certified one business through virtual LEAP training: City of Champaign – Human Resources Dept.

Individual and Family Support: (Among other comments...) The Individual and Family Support Program continues to provide services and supports to individuals and families in the following ways: direct staff support, personal care, and equipment. At the beginning of the COVID-19 outbreak, IFS staff had online meetings with the individuals, visited the individuals in the program from a distance by driving past their houses, and took two of the individuals out in the community to offer support to the families who had reached out for assistance.

Service Coordination: (Among other comments...) Strives to maximize continuity of care especially during this COVID-19 time... Increased facilitation

of conference calls and zoom meetings to talk through different challenges and situations that are surfacing due to COVID-19 and not being able to resume to their regular routines.

Don Moyer Boys and Girls Club, with four CCMHB-funded programs:

Community Coalition Summer Initiatives: (Among other comments...) While State restrictions on group gatherings due to Covid 19 presented a challenge for service events, the initiative was successful with using a combination of virtual and group limited (in person) formats to carry out meetings, service activities, youth programming, and engagement activities. CSE events were carried out over the duration of the service period and included reports and updates at monthly Community Coalition meetings (5), joint planning meetings with all partner organizations (2), monthly contacts with administrative agent (5), and individual contacts with each partner organization (14). These events were primarily conducted by Tracy Parsons Project Coordinator and Don Moyer BGC as Administrative Agent. In addition, each partner organization engaged in individual program CSE events (14 or more) related to program specific promotion and recruitment of participants. These events were generally targeted to parent and local groups.

CU Change: (Among other comments...) CU Change continues to work despite the restrictions due to COVID19 during this quarter, so the rate and process of engagement of CU Change families continues to be affected. The school year did not start in the usual way and that has also made references to be reduced. However, by offering academic support at the Club, we have managed to be in direct contact with some program participants, and work with them, as well as recruiting other teens who also need to belong to the program. Amid the school closures, CU Change staff continues to connect with youth through telephone, email, social media and zoom platform for real-time interaction.

CUNC: Comments not specific to COVID-19, but stress and healing related trainings are relevant, and the program has already exceeding annual target for NTPC, on track to exceed SCs.

Youth and Family Services: (Among other comments...) This Quarter we have worked with our peers to keep them encouraged and equipped to manage their day to day lives. We have been keeping them abreast of various programs and opportunities for food, clothing and monetary assistance to help cover expenses they once didn't need help with. Rental assistance has been the number inquires for support. All the families receive information as we receive it regarding rental extensions and financial support they may qualify for. Zoom and Duo have been very efficient and effective means to maintain relationships and contact with the families we serve. Along with our normal face-to-face visits when appropriate and via phone. We have conducted 2 parent trainings: "A Parent's Guide to Getting Good Care" and "Homeschooling Resources for Virtual Learners." Three additional county wide trainings consisted of: "How to Meet the Needs of Children of Incarcerated Parents", "Ethics in Parent Peer Support Workforce", and "Cultural Competence and Cultural Humility."

East Central Illinois Refugee Mutual Assistance Center, with CCMHB-funded program Family Support and Strengthening:

Report includes extensive detail about meetings and trainings, some of which were held virtually and some cancelled due to COVID-19 restrictions. Some were on the topic of COVID-19 relief and rules. On track to meet targets in spite of these challenges.

Family Service of Champaign County, with three CCMHB-funded programs:

Counseling: (Among other comments...) The program-related changes made in March due to the COVID-19 pandemic remain in place. Counseling sessions continue to be held via telephone or video based on the preferences of the clients. The program director attended the weekly Drug Court team meetings. She did not attend courtroom proceedings this quarter due to restrictions for the number of people allowed in the courtroom as a result of COVID-19. Our therapists provided relationship assessments and individual, couples and family counseling to individuals referred by the Drug Court. Our therapists completed four Drug Court relationship assessments this quarter and individual or couples counseling for eleven individuals referred by the Drug Court.

Self-Help Center: (Among other comments...) Planning continues for a virtual workshop this fall. Options continue to be considered for a potential virtual biennial conference in spring 2021. Dr. Patton appeared on WEFT Radio two times this quarter and they were done virtually in order to cut down on Covid-19 transmission. We met with Anita Say Chan, Jorge Rojas-Alvarez, and Mitchell Oliver from the U of I and Mark Driscoll, Associate Director CCCMHB/CCDDB on a project to develop a comprehensive and interactive web based resource directory.

Senior Counseling & Advocacy: (Among other comments...) This quarter in our PEARLS program, an evidence based program designed to address depression in older adults, we had 9 active clients. The program is offered via telephone or virtual chat still due to the COVID-19 pandemic. Though some older adults are still opting to wait until visits can resume in person, others that were waiting last quarter have decided to go ahead and start the program over the telephone. One client is even attempting to utilize a virtual platform for the visits! For those that are still waiting, caseworkers continue telephone contact with them to assess for needs.

FirstFollowers, with CCMHB-funded programs FirstSteps Community Reentry House (NEW) and Peer Mentoring for Re-entry:

FirstSteps Community Reentry House: (Among other comments...) We have maintained a COVID regime in the house with constant cleaning and residents are expected to be tested for the virus once every ten days. We have been monitoring this. The restrictions on movement and contact due to COVID have limited our ability to carry out the types of activities we had planned such as workdays, community dinners and more networking between community members and our residents. We have also been communicating with a number of people inside IDOC who will be coming home soon to recruit them as future residents.

We have held regular group meetings with residents as well as maintaining one on one communication via the case manager and the community navigator.

Peer Mentoring for Re-entry: (Among other comments...) The drop-in center regained some of its operational capacity after a difficult period during the lockdown. We still maintained a strict regime of social distancing, wearing masks, using plexiglass dividers, testing for drop-in staff, and holding meetings with clients outside as much as possible. An increased number of our clients are contacting us via cellphone and social media. We have forged tighter relationships with the Salvation Army so a number of our clients are able to be referred there for food and some temporary accommodation. We have also made agreements with the City of Champaign and HACC to provide special rental assistance for people coming home from prison during COVID. We also are able to provide these individuals with a welcome home back pack filled with hygiene products along with \$200 per person of clothing. Thus far we have provided three people with rental assistance, two people with temporary accommodation in a hotel and eight people with backpacks.

GROW in Illinois, with CCMHB-funded program Peer Support:

No comments in this quarter's report.

Mahomet Area Youth Club, with CCMHB-funded BLAST and Members Matter:

Bulldogs Learning & Succeeding Together: BLAST is still on hold due to COVID, but Kids Club is happening. This only includes the first 2 weeks of school, so numbers are low, but not unexpected.

Members Matter!: COVID altered our summer program as well as our school year program. We had to reduce the number of students we could serve over the summer to be within guidelines and safely provide the program. We also had to alter our Jr. High afterschool program to a full day remote learning program- still mostly Jr. High with a few high school kids. This began late August and I think COVID will impact our NTPC this year as we simply cannot serve as many clients.

NAMI Champaign County, with CCMHB-funded program:

Report includes extensive detail about meetings and trainings, some of which were held virtually and some cancelled due to COVID-19 restrictions. On track to meet targets in spite of these challenges.

PACE, Inc., with CCDDDB-funded program Consumer Control in Personal Support:

Comments on program activities are not COVID specific. On track to meet targets.

Promise Healthcare, with two CCMHB-funded program:

Mental Health Services: (Among other comments...) Psychiatry CSE - no outreach events due to COVID-19 restrictions.

Promise Healthcare Wellness: (Among other comments...) No outreach events recorded for due to COVID pandemic precautions.

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Rape Advocacy, Counseling & Education Services with CCMHB-funded programs, Sexual Violence Counseling (NEW) and Sexual Violence Prevention Education:

(Sexual Violence Counseling program has not been initiated due to staff vacancy)

Sexual Violence Prevention Education: (Among many comments...) On March 13th, 2020, the Superintendent of Juvenile Detention Services suspended volunteer groups and individuals conducting programming from entering the facility. This decision has not been reversed at this time. CSE: We defined this in the application as "IN-PERSON educational presentations provided by...staff", which was done before the pandemic. The projected number represented primarily (but not exclusively) live presentations in K-12 schools. As schools largely closed to external visitors at the top of the pandemic, we spent the summer crafting all of our school presentation content into virtual versions... There are so many pressures and constrictions being placed on teachers shoulders this year; we are glad to provide an option that is flexible enough to meet their needs. While functional (and certainly preferable to no education), we consider ASYNCHRONOUS to not be as effective as SYNCHRONOUS interactions (for example, asynchronous does not allow for real-time questions and responses). We advocate with schools for synchronous content (where schools have the necessary equipment to provide that). We consider ASYNCHRONOUS presentations a placeholder for us to maintain relationships with schools until SYNCHRONOUS learning (including in-person) becomes available again... As expected, we saw a delay in arranging presentations with schools. (At this time last year, we were booked solid for the entire school year.) Schools needed more time this year to become familiar with online learning before integrating our programming into their educational plans. Many schools did not receive notice about what instruction for the 2020-21 school year would look like until a few weeks before classes began. Despite the delay in beginning programming, we are already seeing an increase in demand. Not only are we maintaining the relationships with schools we had in FY20, we also now have connections with 5 new elementary schools, and three new middle schools this year. We are encouraged by this response and see this as a testament to how our programming has responded to school and teacher needs during the pandemic.

Rattle the Stars, with CCMHB-funded program Youth Suicide Prevention Education:

We participated in 4 planning meetings, 6 activities to promote the program, and 7 training sessions (all for adults). We are not currently providing youth trainings due to Covid-19. We hired a staff person and accepted an intern, and have spent time training and preparing them to complete work assignments. We have been contacting schools and other organizations to offer services, but have not received as much interest as anticipated due to the pandemic. We have completed resource flyers and will begin distributing them to the community soon.

Rosecrance Central Illinois, with CCDDDB-funded program Coordination of Services - DD/MI and six CCMHB-funded programs:

Coordination of DD/MI: The COVID-19 continued to impact the services and activities with which Christine was able to be involved. Community Service Events decreased to 1 this quarter. Screenings were up to 5 this quarter but none were found eligible for program services. Christine continued to utilize: call forwarding, Tele Health, 3-way calling, web-ex and Zoom as ways to deliver services to her clients. As of 6-01-20 we returned to work and Christine began seeing clients in their homes or community. She has several clients who still prefer the remote options for which she has regular scheduled contact and the rest of her clients she sees in their homes or community and follows CDC recommendations. Christine continued to see or have telephone contact and provided warranted mental health services to all clients.

Criminal Justice PSC: (Among other comments...) During this quarter, the Criminal Justice Program continued to experience some service limitations due to Covid-19 restrictions within the local criminal justice system, however, we were able to provide services inside local law enforcement facilities. The Criminal Justice Program is fully staffed and trained this quarter, until mid quarter when a case manager resigned. With the Covid-19 restrictions, both groups at probation and in the jail restricted the size of the groups. 7 clients graduated from MRT and 1 graduated Anger Management this quarter. Groups within the jail began running in July 23 and no clients graduated from groups this quarter. Case Manager, Daniel Shoemaker, left Rosecrance on August 21, and groups within the jail were postponed until another case manager would be hired for this position. This position was posted and intend to fill this vacancy.

Crisis, Access, & Benefits: Comments are not specific to COVID-19.

Fresh Start: (Among other comments...) Due COVID-19 pandemic and the Shelter in Place/Emergency Order the Community Liaison transportation was provided this quarter. The Community Liaison made 132 telephone calls to or on behalf of participants, made 41 referrals/service linkages, had 7 office visits, 0 home visits, 96 staffing(s), 70 correspondence, and attended 0 court hearings/19 probation appointments with participants. Probation appointments were in-person meetings at the courthouse... Due to the Coronavirus Crisis and for the health and safety of all staff and visitors to the Rosecrance CU Fresh Start office, most face to face meetings with current and potential CU Fresh Start participants are limited. Community Liaison has returned to working at the office and continues to participate in some resource/collateral meetings, client contacts, subcommittee meetings, etc. via telephone and/or video conferencing.

Prevention: Although not specific to COVID-19, program anticipates higher performance in second quarter due to majority of services being school-based.

Recovery Home: Comments are not specific to COVID-19.

Specialty Courts: (Among other comments...) Graduation and community events continue to be impacted this quarter by the COVID-19 pandemic. The next drug court graduation is scheduled for October 2020 in place of the graduation that would have occurred in May 2020. The graduation will be a hybrid of in-person at the courthouse (clients, judge and drug court team) with invitations including link to view graduation via Zoom.

The number of hours for all services (assessments, case management, individual

counseling, and group treatment) were relatively normal in spite of the Stay at Home Order and the illness of drug court team members during the pandemic due to other staff covering the services while the drug court staff were out sick, including combining group services. Case Management hours increased due to intensive efforts on behalf of case management and clinical staff to keep clients engaged in treatment despite the pandemic. Telephone calls, letters, staffing with collaterals/referrals, and individual check-ins with clients all helped to keep clients engaged during the quarter.

Lack of technology and telephone minutes continue to be obstacles that impact telehealth services. Some clients still don't have the proper technology to participate in tele-health services and some clients still don't have enough bandwidth or cellphone minutes or Wi-Fi service. Some clients' mental health status also presented a challenge for those whom struggled with receiving individual and group services via tele-health (phone, video).

During the 1st quarter two of the Rosecrance Drug Court team members continued to struggle with lingering ailments related to COVID-19. If the clinicians are out sick due to lingering after effects of COVID-19 the drug court groups are covered by other clinical staff and case management services are covered by the drug court outreach worker (including toxicology testing).

The IOP drug court groups returned to in-person while continuing care groups remained telehealth only during the quarter. The IOP groups are held in rooms large enough to accommodate 9 clients and 1 staff. The group room is set up so that everyone is 6 feet apart and everyone is required to wear a mask during group sessions. Everyone is prescreened prior to entering the lobby including temperature check and symptom questionnaire. The drug court team eventually went back to in-person team meetings at the court house late in the quarter. All other activities are via audio/video conferencing including individual clinical supervision, team meetings, all staff meetings, peer supervision, in-service trainings at Rosecrance, and required external drug court specific trainings. Drug Court clients participated in drug court in-person being assigned different times to appear in court to minimize the number of clients/staff in the courtroom at the same time. PPE is worn by all court personnel, staff and clients.

The drug court team suspended all transportation for clients due to the COVID-19 pandemic. All clients are still receiving case management services by telephone (welfare check ins, provision of COVID-19 resources/information, drug court follow up, social service referrals, et al.); Toxicology testing is still done in person with PPE being used by staff (masks/gloves/face shields) and clients wearing masks.

The UP Center (Uniting Pride), with CCMHB-funded program Children, Youth, & Families Program:

No Comments.

Urbana Neighborhood Connections, with CCMHB-funded program Community Study Center:

No Comments.



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**

November 18, 2020

December 16, 2020 – study session with CCDDDB

January 20, 2021

January 27, 2021- study session

February 17, 2021

February 24, 2021- study session

March 17, 2021

March 24, 2021- study session

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-CCDDDB 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 18 – DDB Office at Brookens

December 16 – Lyle Shields Room - *tentative*

December 16 – Lyle Shields Room, **5:45PM** – *joint study session*

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.

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**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	Study Session with CCDDDB
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

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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 utilization data from agencies for PY20)

3/24/21 **Study Session**

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*

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING**

Minutes—October 21, 2020

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, Kathleen Wirth-Couch, Jon Paul Youakim

MEMBERS EXCUSED: Susan Fowler

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

OTHERS PRESENT: Alison Meanor, NAMI; Laura Lindsey, Courage Connection; Danielle Matthews, DSC; Sara Balgoyen, Mahomet Area Youth Club (MAYC); Joey King, Rosecrance; Joel Sanders, Urbana Police/CU at Home board member

CALL TO ORDER:

Mr. Joe Omo-Osagie called the meeting 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.

APPROVAL OF AGENDA:

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

PRESIDENT’S COMMENTS:

Mr. Omo-Osagie thanked everyone for attending the meeting.

EXECUTIVE DIRECTOR’S COMMENTS:

Ms. Canfield reviewed the agenda. She briefly provided updates on the CILA and the Expo. First quarter reporting and audits/financial reviews for all funded agencies will be due at the end of October 2020.

NEW BUSINESS:

“One Door” Crisis Response Presentation:

Joel Sanders from Urbana Police Department/CU at Home board member and Joey King from Rosecrance, Inc. presented. They provided an overview of the “One Door” Crisis response initiative. A copy of the Powerpoint presentation was included in the packet. Board members were given an opportunity to ask questions following the presentation.

PY2022 CCMHB Funding Priorities:

A Briefing Memorandum of draft funding priorities and allocation criteria for Program Year 2022 was included in the Board packet. Feedback from the CCMHB and stakeholders will result in a revised draft for review and action at a meeting of the Board in November or December 2020.

CILA Transfer Resolution:

A Resolution authorizing transfer of the CILA deed from the CCMHB to the CCDDDB was included in the Board packet for action. Mr. Omo-Osagie read the resolution out loud for the record.

MOTION: Mr. Omo-Osagie moved to approve the Resolution to transfer real estate from the CCMHB to the CCDDDB. Dr. Youakim seconded the motion. A roll call vote was taken and the motion passed unanimously.

Early Childhood “Watch Me Grow” Resource:

The “Watch Me Grow” program is an online resource for families with newborn to three-year old children. The brochure was included in the packet for information only.

AGENCY INFORMATION:

None.

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OLD BUSINESS:

Contract Amendment Report:

A Briefing Memorandum on recent contract amendments was included in the packet for information only. Mr. Driscoll reviewed the document.

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.

Approval of CCMHB Minutes:

Minutes from the September 23, 2020 meeting and the September 30 study session were included in the Board packet.

MOTION: Dr. Rappaport moved to approve the CCMHB minutes from September 23, 2020 and September 30, 2020 as presented. Dr. Youakim seconded the motion. A roll call vote was taken and the motion passed unanimously.

Staff Reports

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

Board to Board Reports:

Ms. Palencia attended a Community Coalition meeting.

Expenditure List:

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

MOTION: Dr. Moore moved to accept the Expenditure List dated October 9, 2020 as presented. Dr. Rappaport seconded the motion. A roll call vote was taken and the motion passed unanimously.

Agencies in the News:

News articles of interest were included in the Board packet for information only. For the official record, any ads or political ads will be removed from the news articles.

Board Announcements:

None.

ADJOURNMENT:

The meeting adjourned at 7:37 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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CHAMPAIGN COUNTY MENTAL HEALTH BOARD

STUDY SESSION

Minutes—October 28, 2020

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, Jane Sprandel, John Paul Youakim

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

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

OTHERS PRESENT: Chris Stohr, GROW; Tracy Parsons, Community Coalition; Sam Banks, Don Moyer Boys and Girls Club; 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 in 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.

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STUDY SESSION:

Champaign County Community Coalition Summer Youth Initiative Presentation:

The packet contained the Powerpoint Presentation. Tracy Parsons and Sam Banks reported on the Summer Initiatives supported with CCMHB funds. Much of the discussion was focused on how Covid changed the way the programs were held this past summer.

Utilization Summaries for PY20 CCMHB funded programs:

A program utilization report summarizing program purpose and reported service data for the 2020 program year was included in the Board packet. There was a discussion regarding how Covid affected some of the reported service data. There was a general discussion regarding racism and mental health.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:05 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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

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

CCDDB: PY2021 1st Quarter Program Reports and Service Data Reports for CCDDB and CCMHB I/DD funded programs are included in the Board packet. The Service Data Reports show the new claims options that service providers began using in PY2021. Service claims are now reported as ‘With Person Served’ or ‘On Behalf of Person Served.’ The place option has also changed to ‘On Site’ (any agency building) or ‘Off Site’ (community or the participants’ home). Claims for TPCs are now entered as full hours of service. The changes in the claims were meant to simplify reporting for the services providers, so that more time can be spent delivering service, rather than reporting on the services. The Service Data Report for the Rosecrance – Coordination of Services: DD/MI was not included in this report due to an error with the reporting.

At the time of this writing, Champaign County Down Syndrome Network has not submitted their Independent Financial Review and Community Choices has requested a 30-day extension.

CCDDB Mini-Grant: A Mini-Grant update is also included in this Board packet. At the time of this writing, purchases have been made in the amount of \$50,341 and purchases for 26 Mini-Grant Recipients have been completed. I continue to work with the remaining Mini-Grant Recipients and their families to finalize their purchases.

Learning Opportunities: Sierra Maniates and Jacqui Simmons Groves Prevention Educators from RACES presented “Working with Clients with Intellectual and Developmental Disabilities: Understanding and Responding to Sexual Violence” in October. They are scheduled to present “Working with Clients with Intellectual and Developmental Disabilities: Supporting Healthy Sexuality as Sexual Violence Prevention” on November 19, 2020.

On December 10, 2020, 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.

I am currently exploring presenters for 2021 and have been coordinating with past workshop attendees to determine future training topics.

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

ACMHAI: I participated in the monthly meeting of the ACMHAI I/DD Committee.

NACBHDD: I participated in monthly I/DD committee calls. I also participated in the NACBHDD Fall Board Meeting via Zoom.

Disability Resource Expo: The first Third Thursday Resource Round-up (TTRR) session was held on October 15, 2020. The next TTRR session is scheduled for November 19, 2020. The focus of this session is Self-Help & Support Groups, plus Vocational, Residential & Recreation Services, with a presentation from Epilepsy Foundation of Greater Chicago.

I participated in Expo Steering Committee meetings. I administered the Expo Third Thursday Resource Round-up (TTRR) exhibitor recording events and sent each recording to Rev.com for English captioning and Spanish subtitles. The videos will be used for TTRR events and will be available on the Disability Resource Expo website.

I also maintained the November TTRR registration form and worked with the Expo Coordinators to assign registrants to their requested Breakout rooms. I will administer the Zoom session for the November 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 the Statewide Best Practices and Home Based Services Conference, presented by The Arc of Illinois. I participated in an additional 15 webinars and multiple Facebook lunchtime chats.

I participated in the Champaign County LIC meeting and the Race Relations Subcommittee Meeting.

Prioritization of Urgency of Needs for Services (PUNS) Summary Reports: Updated "PUNS Summary by County and Selection Detail for Champaign County" and the "Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS) Summary of Total and Active PUNS by Zip Code" reports are attached. IDHS posted updated versions on October 9, 2020. These documents detailing the number of Champaign County residents enrolled in the PUNS database can be found below and online at https://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNS_Sum_by_Count_and_Selection_Detail.pdf.



Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Summary By County and Selection Detail

October 09, 2020

County: Champaign

Reason for PUNS or PUNS Update	947
New	29
Annual Update	319
Change of Category (Seeking Service or Planning for Services)	10
Change of Service Needs (more or less) - unchanged category (Seeking Service or Planning for Services)	12
Person is fully served or is not requesting any supports within the next five (5) years	251
Moved to another state, close PUNS	25
Person withdraws, close PUNS	27
Deceased	20
Individual Stayed in ICF/DD	1
Individual Moved to ICF/DD	2
Individual Determined Clinically Ineligible	7
Unable to locate	56
Submitted in error	1
Other, close PUNS	187
CHANGE OF CATEGORY (Seeking Service or Planning for Services)	404
PLANNING FOR SERVICES	135
EXISTING SUPPORTS AND SERVICES	364
Respite Supports (24 Hour)	10
Respite Supports (<24 hour)	15
Behavioral Supports (includes behavioral intervention, therapy and counseling)	148
Physical Therapy	44
Occupational Therapy	97
Speech Therapy	121
Education	171
Assistive Technology	53
Homemaker/Chore Services	5
Adaptions to Home or Vehicle	4
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	32
Medical Equipment/Supplies	33
Nursing Services In the Home, Provided Intermittently	7
Other Individual Supports	167
TRANSPORTATION	379
Transportation (include trip/mileage reimbursement)	94
Other Transportation Service	258
Senior Adult Day Services	1
Developmental Training	78
"Regular Work"/Sheltered Employment	62
Supported Employment	79
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	54
Other Day Supports (e.g. volunteering, community experience)	21
RESIDENTIAL SUPPORTS	76
Community Integrated Living Arrangement (CILA)/Family	3
Community Integrated Living Arrangement (CILA)/Intermittent	4
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	31
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	2
Skilled Nursing Facility/Pediatrics (SNF/PED)	5
Supported Living Arrangement	7

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Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Summary By County and Selection Detail

October 09, 2020

Community Living Facility	1
Shelter Care/Board Home	1
Nursing Home	1
Children's Residential Services	4
Child Care Institutions (Including Residential Schools)	8
Other Residential Support (including homeless shelters)	9
SUPPORTS NEEDED	375
Personal Support (includes habilitation, personal care and intermittent respite services)	328
Respite Supports (24 hours or greater)	20
Behavioral Supports (includes behavioral intervention, therapy and counseling)	145
Physical Therapy	45
Occupational Therapy	72
Speech Therapy	88
Assistive Technology	51
Adaptations to Home or Vehicle	19
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	78
TRANSPORTATION NEEDED	333
Transportation (include trip/mileage reimbursement)	273
Other Transportation Service	307
VOCATIONAL OR OTHER STRUCTURED ACTIVITIES	258
Support to work at home (e.g., self employment or earning at home)	4
Support to work in the community	230
Support to engage in work/activities in a disability setting	87
Attendance at activity center for seniors	2
RESIDENTIAL SUPPORTS NEEDED	107
Out-of-home residential services with less than 24-hour supports	59
Out-of-home residential services with 24-hour supports	55

Total PUNS: 57.141

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Executive Director's Report – Lynn Canfield, November 18, 2020

Activities of Staff and Board Members:

To support CCMHB Three Year Plan goals 1-8 and CCDDDB Three Year Plan goals 1-7, the allocation and management of agency contracts is a primary focus. In Board budgets, agency service contracts appear as Contributions & Grants, the largest expenditure lines. Important, but a small share of total costs, are non-agency activities supporting individuals, families, agencies, systems, and community. These are reflected in Personnel, Professional Services, Expo, Public Relations, and Non-Employee Training costs, some through independent contractors, and some in partnership with other organizations. Related activities and many collaborations are referenced in staff reports.

Anti-Stigma and Community Awareness:

(MHB goals 1, 3, 4, and 9 and DDB goals 1, 3, 5, and 8)

211 offers call-based and online resource information. United Way, the CCMHB, and the CCDDDB co-fund this service, aligned with Alliance of Information and Referral Systems standards. Our staff collaborate with Community Data Clinic faculty and students on enhancements of this system. Nearly all of the features they've developed have been incorporated into the online directory used by PATH. Subsequent meetings have covered: local crisis line and other hotlines (leading to a user-friendly pilot site); neighborhood information hubs, closed facebook groups, the self-help support network coordinated by Family Service, and potential collaboration with Northwestern University and Southern Illinois University. A likely next step locally would improve the provider agencies' information and feedback to the 211 database.

Alliance for Inclusion and Respect (AIR) has hosted anti-stigma films and art events, all of which have struggled under COVID restrictions. We continue anti-stigma messaging and promotion of member organizations and local artists/entrepreneurs with lived experience, through a website, facebook, Instagram, and twitter managed by an AIR author. UIUC LAS 122 students are developing additional social media content. We have not been able to feature an artist each month through International Galleries or to host an artist booth at the weekly indoor Market IN the Square. Meetings with the artists and supporters continue.

disABILITY Resource Expo hosted the first of four virtual events, with the second on 11/19. Segments are filmed with ASL interpreters and then captioned (Spanish subtitles also available) prior to posting online. Students are creating exhibitor videos for the Expo website.

CCMHB/CCDDDB CILA:

(MHB goal 4 and DDB goals 1 and 5)

Transfer of titles of the two CILA homes from CCMHB to CCDDDB was prepared by Attorney Dan Walsh, authorized by CCMHB President Joseph Omo-Osagie and Secretary/Vice President Kyle Patterson, and recorded at the Recorder of Deeds' Office.

I contacted the property management company and our insurance representative about making related changes to those agreements. Dan Walsh and I updated the current lease agreements, which I have forwarded to Individual Advocacy Group for their review; the primary change is CCDDDB as Landlord, but errors were also corrected.

The revised lease language is incorporated into an RFP draft I've developed for such time as it is appropriate to search for a new provider. Please email or call if you would like to review the 30+ page 'working' draft. If a CILA RFP were approved in mid-March, the timeline, which includes evaluation committee and board meetings, would culminate in selection of a new provider and contract by September.

Support for Agency Programs:

(MHB goals 1, 3, 5, 7, and 8 and DDB goals 1, 2, 3, and 7)

Activities described in staff reports:

- Cultural and Linguistic Competence training and technical assistance and Mental Health First Aid training and coordination (Shandra Summerville);
- Collaborations including Champaign County Transition Planning Committee, Continuum of Service Providers to the Homeless, Champaign County Community Coalition, Champaign County Reentry Council, Coalition Race Relations Subcommittee, Human Services Council, the New American Welcome Center, CUPHD I-Plan Behavioral Health Committee, etc.
- Monthly Provider Trainings (Kim Bowdry) which are free of charge and offer CEUs. While the primary audience is case managers from funded programs, school social workers, family advocates, and other providers also attend.

Independent Contractors: EMK offers technical support for users of our application and reporting system; John Brusveen, CPA, reviews agency audits, offers support to agencies, and suggests improvements in accountability and financial management; ChrispMedia maintains AIR and Expo websites, hosts short videos on the sites, and provides IT for the virtual Expo 'resource round-up' series; we are exploring a pilot project for small agencies to share accountant services

UIUC Evaluation Capacity Project. As the team identifies funded programs to target with intensive support or follow-up this year, and as 'theory of change' logic model workshops begin, we will also be exploring logic model support for our team and Boards.

Executive Director Activities:

During this season, my attention has been called to replacing outdated equipment so that our team can work from home effectively and, when in the office, not lose focus (e.g., to making service calls and waiting for help). I am also revisiting and updating our agency monitoring and review protocols and preparing for Mark Driscoll's retirement and the upcoming search and interview processes. In addition to administrative activities, I participated in the following meetings, events, and partnerships related to the strategic plans of the Boards.

Intergovernmental/Interagency Collaborations:

(MHB goals 1, 4, 9, and 10 and DDB goals 1, 5, 8, and 9)

Champaign County Department Heads: with the County Executive and her staff, this monthly meeting touches on budget preparation, staff benefits and trainings, Enterprise Resource Planning (ERP) implementation, and facilities issues; Chris Wilson covered the October meeting which conflicted with CCDDDB regular meeting; I participated in interviews of candidates for the County's Chief Information Officer.

Mental Health and Developmental Disabilities Agency Council: monthly meeting of agency representatives, not all funded by the CCMHB/CCDDDB, with agency activities, state budget and federal/state system news, special topics, and announcements.

Regional Champaign-Vermilion Executive Committee: bimonthly meeting of public and private entities responsible for periodic community needs assessment and strategic plan. The CU Public Health District draft I-Plan is shared with the group; once again behavioral health and community violence are high priorities. A coordinator reports on activities and coordinates meetings, surveys, and collection of data. Roundtable discussion topics include impacts of COVID, regional MHFA trainings, internal changes in our organizations, and state funding for crisis response.

UIUC School of Social Work Community Learning Lab: projects include two Social Work classes producing brief videos of Expo exhibitors (Kim Bowdry and I supervising), Social Work students studying the new Grand Challenge to eradicate racism (Shandra Summerville), LAS students developing social media content for AIR (Stephanie Howard-Gallo), and a Stats class exploring data visualization of 11 years of comparable demographic and residency reports from MHB-funded programs (my project).

Partnerships related to Underrepresented Populations and/or Justice System:
(MHB goals 1, 2, 5, 6, 7, 8, and 10 and DDB goals 1, 2, 3, and 7)

Champaign Community Coalition: monthly Goal Team meetings; updates from law enforcement; reports on positive youth programming, trauma-informed system work, and efforts to reduce community violence; health plan assessment and youth survey data; and discussion of forming a Juvenile Justice Coordinating Committee through the Coalition.

Crisis Intervention Team (CIT) Steering Committee: bimonthly meetings of representatives of law enforcement agencies, EMS, hospital, behavioral health, providers serving people who have housing insecurity, support network leaders, and other stakeholders, to promote CIT and similar trainings, to review data analyzed by City of Urbana, and to share updates. – *postponed this month due to the need for law enforcement to be available in case of post-election unrest.*

Illinois Connected Communities: for the funded project led by the Housing Authority of Champaign County, I participate in bimonthly meetings of the steering committee, connection to technical assistance, and quarterly meetings with other communities also funded for these planning projects. An overview has been drafted of possible strategies to improve Access, Adoption, and Use of internet and technologies, and members are choosing a small set to implement first, for early successes. Barriers related to the 'digital divide' were amplified by COVID 19 disruptions, e.g., need to transform from reliance on community hotspots to access at home. HACC team members and I met with the UIUC Community Data Clinic team to discuss both projects, which have a common theme of connecting community members to resources. In late October, Illinois released the Round Two Notice of Funding Opportunity, which I forwarded to those (at Farm Bureau, UIUC, CCRPC) who may be involved or know others who will.

One Door Project Planning: a weekly meeting of CU at Home team, law enforcement, hospital and behavioral health representatives, and other partners, to pursue a central location for triage, peer supports, crisis stabilization, and coordinated response. Key members have developed a budget and staffing plan and have taken steps to implement the project.

Youth Assessment Center Advisory Committee: quarterly meetings of law enforcement, Court Services, State's Attorney Office, service providers, Coalition staff, and school districts for discussion of the program, review of referral and service data, and roundtable updates.

State and National Associations and Advocacy:

(MHB goal 10 and DDB goal 9)

Association of Community Mental Health Authorities of Illinois (ACMHAI): meetings of these committees: Executive (monthly), Legislative (seasonal), Medicaid (bimonthly), I/DD (bimonthly), and Ad Hoc (we are almost ready to hire a new association coordinator!). Members share information on: procurement processes; property taxes; impact of state budget and regulations; development and monitoring of agency contracts; board/staff policies; legal opinions; budgeting and strategic planning; community awareness; auditing; and funding application and reporting systems. Our legislative consultant, Government Strategy Associates, provides updates on state legislative activity and meets with legislative committee to discuss priorities and positions. Quarterly full membership meetings are held virtually, and committees host webinars and meet on Zoom, with better attendance.

National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD): information on research, legislative activity, innovations, and more. Monthly I/DD committee calls include roundtable discussion of COVID impacts, and future topics and presenters. I co-chair monthly calls of the Behavioral Health and Decarceration committee; we continue drafting policy resolutions, identifying pilot states willing to test various outcomes, and the hosting a quarterly webinar series on various states' Medicaid programs. I serve as the board's secretary, attending Executive Committee meetings to review bylaws and financials and plan meetings and events. The 2021 Legislative & Policy Conference will be held virtually.

Virtual Fall Board Meeting, November 9 and 10:

Day One: After reports from the President, Treasurer, Committee Chairs, and National Association for Rural Mental Health, we hosted a session on the topic "Defeating Racism through Diversity, Inclusion, and Equity." Featured were guest speaker Martell Teasley, PhD, Dean of Social Work, Univ. of Utah (has a book in progress on racism, authored the grand challenge) and panelists Debra Wentz of NJ Association of Mental Health and Addiction Agencies, Kirsty Fontaine from NACo, and myself.

Day Two: We approved changes to NACBHDD ByLaws and heard brief updates from states, and our conference topic continued with presentations: Sumaiyah Clark on Diversity, Equity, and Inclusion in Milwaukee County, WI; Gilda Jacobs - 21 Day Racial Equity Challenge in MI; Patient Advocate Foundation, Shonta Chambers; and Diversity, Equity, and Inclusion in Durham County NC, Joanne Pierce.

National Association of Counties (NACo): Health Steering Committee call on financial services, blood drives, legislative updates, lame duck session preview, and local innovations; Healthy Counties Advisory Board meeting on county initiatives related to racism and public health/mental health; and quarterly Stepping Up Innovator County calls.

Mark Driscoll

Associate Director for Mental Health & Substance Abuse Services

Staff Report – November 18, 2020 Board Meeting

Summary of Activity

CCMHB Three Year Plan with Draft PY21 Objectives: Included in the Board packet for action is the final draft of FY 2019 - 2021 Three-Year Plan with Objectives for FY 2021. Only one comment was received and an existing objective has been modified based on that input. All other proposed changes presented in the draft released in September were retained in the final draft. The Decision Memorandum accompanying the Plan references where these changes were made and presents the revised language to Objective #3 under Goal #5 resulting from the public comment. A copy of the comment is attached to the memorandum.

CCMHB PY21 First Quarter Reports & PY20 Performance Outcome Reports: Program Year 2021 (PY21) first quarter reports were due the last Friday of October. The reports are currently under review and as may be necessary, clarification or corrections requested. The excel spreadsheets used to track each program's service activity is being updated as the first quarter data is posted.

As part of the first quarter review process, hard files are being created for each program. The hard files include the program applications and as the year progresses program related notes and documents. This particular step is a little cumbersome this year because of limited time in the office due to the pandemic.

As part of the first quarter review process, Champaign County Health Care Consumers (CCHCC) has been reminded they still need to submit their two PORs and to correct a discrepancy in one fourth quarter program report. Last month, CCHCC was notified by me and formally by Stephanie Howard-Gallo that until the missing documents are submitted, contract payments will be held.

With the exception of the CCHCC PY20 Performance Outcome Reports, all other CCMHB PY20 PORs have been compiled into one document and posted to the Welcome/Log-in page of the online system. The compiled document is well over three hundred pages, so use the table of contents to find any specific report you are interested in reading. To access the report, follow the link provided, scroll down to the bottom of the page, and click on CCMHB PY20 Performance Outcome Reports to download the document. <https://ccmhddbrds.org>

PY20 Audit Extensions: Prior to the October deadline to file audited financial statements for PY20 contracts, eleven CCMHB funded agencies requested and received extensions to file the required financial reports. Agencies requested either another 30 or 60 days to file the audit. As part of the notice approving the extensions, agencies were informed future payments may be withheld if the audit is not received by the new deadline. Extension requests were either granted by me or Stephanie Howard-Gallo. Two CCMHB funded agencies did not request an extension and missed the deadline and have been notified by Stephanie the financial statements are delinquent.

On a related note, the CCMHB/DDB staff met to discuss the potential for a technical assistance support contract to assist agencies having difficulty meeting financial reporting requirements.

Two agencies, Rosecrance Central Illinois (RCI) and Cunningham Children's Home (CCH), have requested meetings on finance related matters but for different reasons. For CCH, the agency has a new Chief Financial Officer and new Comptroller and would like to review CCMHB financial requirements associated with quarterly reports and audits. The agency is one of the eleven that requested an extension to complete the audit. Chris Wilson and I have scheduled two meetings with them but due to technical difficulties at CCH's end, both meetings were cancelled and another likely to be scheduled.

For RCI, there are questions about excess revenue reported on three contracts at the program level that does not extend to CCMHB funds. While RCI has returned excess revenue for another unrelated contract, an explanation was requested on these other three contracts. RCI asked for a meeting to explain the variances within the contracts and one was held in early November. A written explanation was requested from RCI at the conclusion of the meeting. Chris, Lynn and I are scheduled to meet to discuss next steps.

Criminal Justice - Mental Health: Lynn and I continue to attend planning meetings on the "One Door" Crisis Response Initiative. An update on the One Door Initiative will be made to the Urbana City Council, likely in December. Joel Sanders and Joey King appreciated the opportunity to present to the CCMHB at the October meeting.

Both the Crisis Intervention Team Steering Committee and Reentry Council November meetings were either cancelled or postponed.

The Champaign County Drug Court recognized thirteen graduates in a virtual ceremony held October 26th. Judge Rosenbaum, as the new Drug Court Judge following Judge Ford's retirement in March, was the master of ceremonies for the event. Each of the 13 people were recognized and had the opportunity to speak during the ceremony. Following the graduation, the Drug Court Steering Committee met for an update on various functions of the court.

Other Activity:

- Monthly meetings not previously mentioned that I attended include Mental Health Developmental Disabilities Agencies Council, United Way Community Impact Committee, ACMHAI legislative Committee, and the Rantoul Service Providers Group. Other regular monthly meetings were either cancelled or postponed.
- Participation in various webinars continues unabated: three part series on Perinatal Depression, an ACMHAI sponsored session on Autism Spectrum Disorder and lack of adequate pay sources for treatment, an Illinois Housing Development Authority and Housing Authority of Champaign County co-sponsored discussion on local and regional housing needs, a session on Family Caregiving and Telehealth during COVID-19, and two criminal justice related sessions – Outcomes-based Care Coordination for Justice Involved Individuals and Co-Responder Programs-Keys to Successful Implementation for Justice Professionals and their Partners.

2020 November 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 Learning Opportunity For CCMHB/DDB Study Session:

I am working on a CLC Learning Opportunity for the December Study Session. This will be an opportunity to provide an overview of and update about the CLC Work of the CCMHB/DDB. This will also be an opportunity to look at priorities of how the boards want to begin to address racism as a mental health issue.

Cultural Competence Training/Support

How to Have Healing Conversation After The Election at the Workplace: On November 6, 2020 I hosted a one-hour workshop for agencies funded by the CCMHB/DDB. It was a small group that attended and it was requested that the presentation be done again at a later date. There is a recording and presentation available.

Youth and Family Peer Support Alliance: I was invited to present in the for the November Training Series for the Youth and Family Peer Support Alliance. I will offer the workshop how to have healing conversations in the workplace after the election.

Mahomet Area Youth Club- I provided an overview of the National CLAS Standards for the board members of Mahomet Area Youth Club on November 10, 2020. This will be a first of a quarterly series that will be held for the year.

Champaign County Head Start- I provided training for the Supervisors Meeting for the sites of Champaign County Head Start. This training was held on November 5, 2020.

CLC Coordinator Direct Service Activities

I was invited to serve as a Facilitator for the Champaign Police Study Circles. (Please see attached Press Release.)

Training and Webinars:

- "Parents, Children and Transgender Identities
- Out of Isolation Series- "Manifesting Pandemic Destiny: Parsing the Tense and Aspect of Settler Immunopolitics in Indian Country""
- Courageous Conversation - From Access to Liberation: Race and Disability, Racism and Ableism
- Addressing Racial Trauma in a Clinical Setting

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

- "Fighting Immigration Policies that Tear Families Apart"
- National Federation of Families Conference for Children's Mental Health November 10 & November 12, 2020
- NACBHDD Fall Board Meeting- November 9-10, 2020

Healing Illinois Grant:

I received unofficial notification that our community is being considered for the Healing Illinois Grant. As additional information and confirmation about the official award of the grant I will keep the board members informed.

CU- Trauma and Resilience Initiative:

I attended the C-U Violence Interruption Committee Meeting on Friday, November 6, 2020.

We met to discuss cross system collaboration to engage in neighborhoods around trauma and community violence. There is also a plan to coordinate information from the collaboration groups that are currently meeting in Champaign County.

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 DREAAM 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. Due to scheduling the program will be implemented in the Spring Semester.

Community Learning Lab School of Social Work-UIUC CLL has assigned three BSW Students to a project that will look ways to support CCMHB/DDB on our work to eradicate racism as part of the Grand Challenge. You are invited to participate in their final project on:

Thursday, December 3, 2020 10:30am. Join Zoom Meeting

<https://illinois.zoom.us/j/9252459766?pwd=alhOREc3a2tIMTdUVlorYVhHWTNXQT09>

Meeting ID: 925 245 9766

Password: SSW

Grand Challenge Explained:

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

“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

They will give the presentation to students from the School of Social Work on Thursday, November 12, 2020. This presentation will be for the School of Social Work only.

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

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

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>

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/RERRfinalSPC08032020.pdf>

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

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

PRESS RELEASE

October 29, 2020

Contact: Tom Yelich, Public Information Officer
217-403-6987
Thomas.yelich@champaignil.gov

City of Champaign Announces Dates for Police-Community Virtual Study Circles

Registration now open

The City of Champaign is pleased to announce the dates of three police-community study circles and invites the public to engage in more in-depth discussions about the future of policing in Champaign. The study circles serve as a follow-up to the recently concluded community listening sessions. Study circles will be used to gather additional, detailed information from our residents so it can be shared with the City Council as they make future public safety policy decisions to best address the needs, interests, and values of our community.

The study circles will group approximately 10 members of the public together with police representatives to discuss topics like police-community race relations, training and education, and the role of law enforcement when responding to calls for service involving mental illness and other related social hardships.

“The listening sessions were an important first step, allowing us to learn and hear directly from our community, one that we do our best to proudly serve,” said Chief of Police Anthony Cobb. “The study circles are designed to be more conversational, allowing us to join in the dialogue with our residents, examine the challenges in front of us from many angles and begin to develop solution-oriented opportunities. Community engagement is an important piece of our work, and we look forward to conversing and learning more about our community’s vision for policing.”

Due to the ongoing COVID-19 pandemic, the study circles will be held electronically utilizing the Zoom meeting platform. Participants will engage in small group discussions about their vision for the future of policing in Champaign. Each group will be guided by a community facilitator and City staff will take notes about the discussions so the ideas that are developed can be shared with the City Council.

Members of the public are encouraged to register for a study circle on one of the following dates:

- Thursday, Nov. 12, 6-8 p.m.
- Friday, Nov. 20, 1-3 p.m.
- Monday, Dec. 7, 6-8 p.m.

To encourage an active dialogue, each study circle date will be limited to 50 residents, who will meet in smaller groups of 10 for facilitated discussions. Space is limited and preference will be given to Champaign residents and individuals who did not participate in another study circle date. To learn more or register to participate, please visit champaignil.gov/communityconversations.

Public input gathered through the listening sessions and study circles will be shared with the public and the City Council in a written report at the conclusion of the process. The City Council will review the information collected during a Study Session meeting expected to occur early next year.

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Stephanie Howard-Gallo
Operations and Compliance Coordinator Staff Report –
November 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 were due on October 30, 2020. Thirteen agencies requested and were approved for a due date extension. Down Syndrome Network, Champaign County Christian Health Center, and Urbana Neighborhood Connections have had their payments paused because they did not request an extension and did not submit an audit.

Consultant, John Brusveen is again reviewing the audits this year.

First Quarter Reporting:

First Quarter financial and program reports for all funded programs were due October 30th at the close of business.

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

Other Compliance:

I made contact with six of our funded agencies because we had not been receiving copies of their Board agendas and approved minutes as is required in their contract with us.

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.

I am still working with University of Illinois LAS 122 students on a social media project for the Alliance (AIR).

Trainings:

I attended a 3 hour training on October 21 "QPR Suicide Prevention Training".

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.

Champaign County Mental Health Board
FY20 Revenues and Expenditures as of 09/30/20

	Q3	YTD	Budget	% of Budget
Revenue				
Property Tax Distributions	\$ 1,742,942	\$ 2,004,665	\$ 5,247,310	38.20%
From Developmental Disabilities Board	\$ 98,991	\$ 296,973	\$ 395,970	75.00%
Gifts & Donations	\$ (300)	\$ 16,005	\$ 20,000	80.03%
Other Misc Revenue	\$ 2,433	\$ 6,994	\$ 83,000	8.43%
TOTAL	\$ 1,844,066	\$ 2,324,637	\$ 5,746,280	40.45%
Expenditure				
Personnel	\$ 145,754	\$ 394,084	\$ 588,351	66.98%
Commodities	\$ 1,323	\$ 3,996	\$ 19,000	21.03%
Contributions & Grants	\$ 1,127,445	\$ 3,238,413	\$ 4,783,849	67.69%
Professional Fees	\$ 14,956	\$ 99,187	\$ 140,000	70.85%
Other Services	\$ 37,357	\$ 94,065	\$ 215,080	43.73%
TOTAL	\$ 1,326,835	\$ 3,829,744	\$ 5,746,280	66.65%

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Champaign County Developmental Disability Board
FY20 Revenues and Expenditures as of 09/30/20

	Q3	YTD	Budget	% of Budget
Revenue				
Property Tax Distributions	\$ 1,430,338	\$ 1,643,735	\$ 4,341,905	37.86%
From Mental Health Board	\$ -	\$ -	\$ 8,000	0.00%
Other Misc Revenue	\$ 1,227	\$ 13,259	\$ 24,000	55.25%
TOTAL	\$ 1,431,565	\$ 1,656,995	\$ 4,373,905	37.88%
Expenditure				
Contributions & Grants	\$ 1,075,759	\$ 2,762,249	\$ 3,927,935	70.32%
Professional Fees	\$ 100,354	\$ 298,336	\$ 395,970	75.34%
Transfer to CILA Fund	\$ -	\$ 50,000	\$ 50,000	100.00%
TOTAL	\$ 1,176,112	\$ 3,110,585	\$ 4,373,905	71.12%

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

11/06/20

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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
** FUND NO.	090	MENTAL HEALTH								
** DEPT NO.	053	MENTAL HEALTH BOARD								
25	CHAMPAIGN COUNTY TREASURER									
	11/03/20	06 VR 53-	368		612932	11/06/20	090-053-533.50-00	RENT-GENERAL CORP FACILITY/OFFICE RENTALS	NOV OFFICE RENT VENDOR TOTAL	1,883.72 1,883.72 *
41	CHAMPAIGN COUNTY TREASURER									
	10/29/20	01 VR 620-	152		612762	10/30/20	090-053-513.06-00	HEALTH INSUR FND 620 EMPLOYEE HEALTH/LIFE INS	OCT HI, LI & ADMIN VENDOR TOTAL	3,951.15 3,951.15 *
88	CHAMPAIGN COUNTY TREASURER									
	10/19/20	01 VR 88-	38		612453	10/23/20	090-053-513.02-00	I.M.R.F. FUND 088 EMPLOYER COST	IMRF 10/9 PR	1,148.05
	11/05/20	01 VR 88-	40		612936	11/06/20	090-053-513.02-00	EMPLOYER COST	IMRF 10/23 PR VENDOR TOTAL	1,148.05 2,296.10 *
104	CHAMPAIGN COUNTY TREASURER									
	11/03/20	06 VR 53-	347		612938	11/06/20	090-053-533.92-00	HEAD START FUND 104 CONTRIBUTIONS & GRANTS	NOV EARLY CHILHD M	17,492.00
	11/03/20	06 VR 53-	347		612938	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV SOC/EMOT DEV SV VENDOR TOTAL	8,301.00 25,793.00 *
161	CHAMPAIGN COUNTY TREASURER									
	11/03/20	06 VR 53-	348		612940	11/06/20	090-053-533.92-00	REG PLAN COMM FND075 CONTRIBUTIONS & GRANTS	NOV HOMELESS COORD	4,325.00
	11/03/20	06 VR 53-	348		612940	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV JUSTICE SYS DIV	6,275.00
	11/03/20	06 VR 53-	348		612940	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV YOUTH ASSMT CTR VENDOR TOTAL	6,362.00 16,962.00 *
176	CHAMPAIGN COUNTY TREASURER									
	10/29/20	01 VR 119-	57		612769	10/30/20	090-053-513.04-00	SELF-FUND INS FND476 WORKERS' COMPENSATION	INSW/C 10/9, 23 PR VENDOR TOTAL	210.54 210.54 *
179	CHAMPAIGN COUNTY TREASURER									
	11/03/20	06 VR 53-	345		612942	11/06/20	090-053-533.92-00	CHLD ADVC CTR FND679 CONTRIBUTIONS & GRANTS	NOV CAC	4,396.00

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VENDOR TOTAL 4,396.00 *

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
** FUND NO.	090	MENTAL HEALTH								
188	CHAMPAIGN COUNTY TREASURER				SOCIAL SECUR FUND188					
	10/19/20 01 VR 188-	71	612458	10/23/20	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA	10/9 PR			1,201.47
	11/05/20 01 VR 188-	74	612943	11/06/20	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA	10/23 PR			1,201.45
							VENDOR TOTAL			2,402.92 *
1191	ADAMS OUTDOOR ADVERTISING LP									
	10/27/20 01 VR 53-	343	612776	10/30/20	090-053-533.98-00	DISABILITY EXPO		INV 0320646-A	11/2	525.00
								VENDOR TOTAL		525.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY									
	11/03/20 04 VR 53-	349	612967	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS		NOV RESOURCE CONNEC		5,633.00
								VENDOR TOTAL		5,633.00 *
18430	CONSOLIDATED COMMUNICATIONS									
	11/03/20 01 VR 28-	89	612969	11/06/20	090-053-533.33-00	TELEPHONE SERVICE		21738437760	10/1	29.26
								VENDOR TOTAL		29.26 *
19260	COURAGE CONNECTION									
	11/03/20 04 VR 53-	350	612973	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS		NOV COURAGE CONNEC		10,583.00
								VENDOR TOTAL		10,583.00 *
19346	CRISIS NURSERY									
	11/03/20 04 VR 53-	351	612974	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS		NOV BEYOND BLUE		6,250.00
								VENDOR TOTAL		6,250.00 *
20271	CUNNINGHAM CHILDREN'S HOME									
	11/03/20 04 VR 53-	352	612975	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS		NOV ECHO HOUSING/EM		8,467.00
	11/03/20 04 VR 53-	352	612975	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS		NOV FAMILIES STRONG		26,111.00
								VENDOR TOTAL		34,578.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC									
	11/03/20 04 VR 53-	353	612979	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS		NOV FAM DEV CENTER		49,710.00

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VENDOR TOTAL 49,710.00 *

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

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VENDOR NO	VENDOR NAME	TRN B	TR	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
** FUND NO.	090	MENTAL HEALTH									
22730	DON MOYER BOYS & GIRLS CLUB					#770					
	11/03/20	04	VR	53-354	612980	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV CU CHANGE		8,333.00
	11/03/20	04	VR	53-354	612980	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV CU NGHBRHD CHAM		9,182.00
	11/03/20	04	VR	53-354	612980	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV YOUTH/FAMILY SV		13,333.00
									VENDOR TOTAL		30,848.00 *
22870	DREAM HOUSE										
	11/03/20	04	VR	53-355	612983	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV DREAM		6,666.00
									VENDOR TOTAL		6,666.00 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR SUITE 4D										
	11/03/20	04	VR	53-356	612985	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV FAM SUP/STRENGT		4,703.00
									VENDOR TOTAL		4,703.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY										
	11/03/20	04	VR	53-357	612989	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV COUNSELING		2,500.00
	11/03/20	04	VR	53-357	612989	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV SELF HELP CENTE		2,410.00
	11/03/20	04	VR	53-357	612989	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV SENIOR CNSL/ADV		13,529.00
									VENDOR TOTAL		18,439.00 *
26760	FIRST FOLLOWERS										
	11/03/20	04	VR	53-358	612992	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV FIRST STEP HOUS		3,300.00
	11/03/20	04	VR	53-358	612992	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV PEER MNTR REENT		7,916.00
									VENDOR TOTAL		11,216.00 *
27970	FREDERICK & HAGLE										
	10/20/20	03	VR	53-341	612508	10/23/20	090-053-533.07-00	PROFESSIONAL SERVICES	3.25HR 10/8-15		715.00
									VENDOR TOTAL		715.00 *
30550	GROW IN ILLINOIS										
	11/03/20	04	VR	53-359	612998	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV PEER SUPPORT		6,436.00
									VENDOR TOTAL		6,436.00 *

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VENDOR NO	VENDOR NAME	TRN B	TR	CD	TRN N	NO	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
** FUND NO.	090	MENTAL HEALTH												
44570	MAHOMET AREA YOUTH CLUB													
	11/03/20	04	VR	53-	360				613021	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV BLAST	1,250.00
	11/03/20	04	VR	53-	360				613021	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV MEMBERS MATTER	1,500.00
													VENDOR TOTAL	2,750.00 *
49870	NATIONAL ALLIANCE ON MENTAL ILLNESS													
	11/03/20	04	VR	53-	361				613027	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV NAMI	833.00
													VENDOR TOTAL	833.00 *
58118	QUILL CORPORATION (MH)													
	11/03/20	03	VR	53-	344				613034	11/06/20	090-053-522.44-00	EQUIPMENT LESS THAN \$5000	INV 11710036 10/27	31.52
	11/03/20	03	VR	53-	344				613034	11/06/20	090-053-522.44-00	EQUIPMENT LESS THAN \$5000	INV 11729522 10/28	342.99
	11/03/20	03	VR	53-	344				613034	11/06/20	090-053-522.44-00	EQUIPMENT LESS THAN \$5000	INV 11728520 10/28	54.46
													VENDOR TOTAL	428.97 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS SUITE 211													
	11/03/20	04	VR	53-	362				613036	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV SEX VIOL PREV/E	5,250.00
													VENDOR TOTAL	5,250.00 *
59472	RATTLE THE STARS													
	11/03/20	04	VR	53-	363				613037	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV YTH SUIC PREV/E	7,208.00
													VENDOR TOTAL	7,208.00 *
61780	ROSECRANCE, INC.													
	11/03/20	04	VR	53-	364				613041	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV CRIMNL JUSTC PS	25,362.00
	11/03/20	04	VR	53-	364				613041	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV CRIS/ACCS/BENF	16,996.00
	11/03/20	04	VR	53-	364				613041	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV FRESH START	6,609.00
	11/03/20	04	VR	53-	364				613041	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV PREVENTION SVCS	5,000.00
	11/03/20	04	VR	53-	364				613041	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV RECOVERY HOME	16,666.00
	11/03/20	04	VR	53-	364				613041	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV SPECIALTY COURT	16,916.00
													VENDOR TOTAL	87,549.00 *

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VENDOR NO	VENDOR NAME	TRN B	TR	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
** FUND NO. 090	MENTAL HEALTH										
77280	UP CENTER OF CHAMPAIGN COUNTY										
		11/03/20	04	VR	53-	365	613056	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CHLD/YTH/FAM PR 2,647.00
		11/03/20	04	VR	53-	365	613056	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV CHLD/YTH/FAM PR 2,647.00
										VENDOR TOTAL	5,294.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER										
		11/03/20	04	VR	53-	366	613058	11/06/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV COMM STUDY CNTR 2,125.00
										VENDOR TOTAL	2,125.00 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH										
		10/21/20	02	VR	53-	340	612576	10/23/20	090-053-533.98-00	DISABILITY EXPO	3930 REV.COM 9/23 18.75
		10/21/20	02	VR	53-	340	612576	10/23/20	090-053-533.98-00	DISABILITY EXPO	3930 REV.COM 10/1 108.00
		10/21/20	02	VR	53-	340	612576	10/23/20	090-053-533.98-00	DISABILITY EXPO	3930 REV.COM 10/6 27.00
										VENDOR TOTAL	153.75 *
631293	MCWANUS, ED										
		10/27/20	01	VR	53-	342	612908	10/30/20	090-053-533.07-00	PROFESSIONAL SERVICES	TERM 11/1-5/1/20 400.00
										VENDOR TOTAL	400.00 *
										DEPARTMENT TOTAL	356,218.41 *
										FUND TOTAL	356,218.41 *

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