



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

Champaign County Mental Health Board (CCMHB) Meeting Agenda

Wednesday, September 22, 2021 at 5:45PM

Shields-Carter Room, Brookens Administrative Building

1776 East Washington Street, Urbana, IL

<https://us02web.zoom.us/j/81393675682> 312-626-6799, Meeting ID: 813 9367 5682

Pursuant to the Governor's Executive Order establishing a pandemic disaster in the State of Illinois that covers the County of Champaign, and the County Executive's and CCMHB President's determination that holding this meeting in person is not prudent at this time due to health concerns with rising numbers of COVID-19 cases and hospitalizations being reported in the county, this meeting will be held remotely via zoom. Public comment also will be taken remotely. The public may watch the meeting live through this link or view it later in archived recordings at <https://www.co.champaign.il.us/mhbddb/MeetingInfo.php>

Public Input: All are welcome to attend the Board's meetings, using the Zoom options or in person, in order to observe and to offer thoughts during the "Public Participation" period of the meeting. For support to participate during a meeting, let us know how we might help by emailing stephanie@ccmhb.org. If the time or format of the meeting are not convenient, you may still communicate with the Board by emailing stephanie@ccmhb.org any written comments you would like us to read to the Board during the meeting. Your feedback is appreciated but be aware that the time for each person's comments may be limited to 5 minutes.

1. Call to Order
2. Roll Call
3. Zoom Instructions (**page 3**)
4. Approval of Agenda*
5. Citizen Input/Public Participation
The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.
6. President's Comments – Joseph Omo-Osagie
7. Executive Director's Comments – Lynn Canfield
8. New Business
 - A. UIUC Evaluation Capacity Project Presentation (**pages 4-27**)
Included for information is a report on PY2021 project activities. Drs. Nicole Allen and Mark Aber will present. (Appendices are included in the full report, which is posted as addendum to the board meeting, linked on the website.) No action is requested.
 - B. Community Needs Assessment Report (**pages 28-71**)
Included in the packet for information is a report on Community Needs Assessment activities, to support the next Three-Year Plan and future funding priorities. (Appendices are included in the full report, which is posted as addendum to the board meeting, linked on the website.) No action is requested.
 - C. DRAFT Three Year Plan for 2022-2024 with Objectives for FY2022 (**pages 72-83**)

For review and discussion are a Briefing Memorandum and DRAFT of strategic plan for 2022, 2023, and 2024. No action is requested.

9. Agency Information

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

10. Old Business

A. Revised 2022 Budgets for CCMHB and CILA Facilities Fund **(pages 84-92)***

The packet includes a Decision Memorandum and revised budgets for 2022, along with background information. Board action is requested.

B. Update on CILA Project **(page 93)**

Included for information only is a Briefing Memorandum with update on the CILA houses.

C. Communication with the County Board **(pages 94-117)**

Included for information are our requests for American Rescue Plan Act funding for community mental health services, organized by whole programs. These were presented to the County Board for consideration in July 2021. Also included for information are a PY2022 allocation Tier Sheet and tables comparing the updated PY2022 allocations with previous years.

D. Schedules & Allocation Process Timeline **(pages 118-122)**

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 123-129)***

Minutes from the 7/21/2021 and 7/28/2021 board meetings are included in the packet. Action is requested.

13. Staff Reports **(pages 130-147)**

Included for information are reports from Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo, and Shandra Summerville.

14. Board to Board Reports

15. Expenditure List **(pages 148-156)***

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

16. Board Announcements

17. Adjournment

**Board action requested*

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Instructions for participating in Zoom Conference Bridge for CCMHB Meeting September 22, 2021 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
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Find your local number: <https://us02web.zoom.us/u/kclgvKiumy>

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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J.A.

*A Final Report on Building Evaluation Capacity for Programs
Funded by the Champaign County Community Mental Health Board (CCMHB) Year 6*

*Emily Blevins, M.S.
Danyelle Dawson, M.S.
Hope Holland, M.S.
Andi Lee Quesbarth, M.S.
Nicole Allen, Ph.D.
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August 10, 2021

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A Final Report on Building Evaluation Capacity for Programs Funded by the Champaign County Community Mental Health Board (CCMHB) Year 6

Statement of Purpose:

The aim of this effort was to continue to build evaluation capacity for programs funded by the Champaign County Mental Health Board (CCMHB) and the Champaign County Developmental Disabilities Board (CCDDB). In Year 6, we proposed to continue to implement the recommendations and specific plans identified via Year 1 assessment of current evaluation activities and priorities and to build upon our previous efforts over the last few years. Specifically, we proposed the following activities and deliverables.

- 1. Continue to create a learning organization among funded agencies and the CCMHB and the CCDDB.**
 - a. Prepare new “targeted” agencies to share information at MHDDAC meetings once/year by Summer, 2021 (as schedules allow). The actual presentation will occur in the July or August following the end of the fiscal year at the MHDDAC meeting.*

Together with the CCMHB and CCDDB staff, we targeted five programs for more intensive evaluation capacity building partnership. Five funded programs worked closely with evaluation consultants who were doctoral students supervised by Drs. Aber and Allen. These programs developed and engaged in targeted strategies for building evaluation capacity and received sustained individual support over the course of the year from their consultant throughout the process. The processes and outcomes from these partnerships are explained in detail in Sections II through VI of this report. Each section summarizes the effort engaged with each partner agency.

These relationships were created to foster a culture of learning, first within each program and then across CCMHDDB-funded agencies as a larger system. Consultants took an intensive approach that emphasized developing a learning organization, or one that is “skilled at creating, acquiring, and transferring knowledge, and at modifying its behavior to reflect new knowledge and insights” (pp. 79; Garvin, 1993). As one example, we hoped to position these target programs as ‘peer experts’ that could then report back and serve as resources to other CCMHB-funded programs. While the targeted programs are not at a point where they would be able to function as independent supports for other agencies building evaluation capacity, their experiences are valuable learning opportunities for their peers. During the Mental Health Agency Council (MHAC) meetings from years two through five, representatives from each of the targeted programs

presented to their peers about their experiences building evaluation capacity. Programs briefly shared about challenges they encountered and lessons learned, as well the general processes they engaged in. This feedback appeared to elicit some excitement among other programs, leading a few to express their desire to participate in this evaluation effort. Much of the research on learning organizations focuses on individual actors (e.g. employees) within an organization (e.g. a specific business). In addition to engaging at the individual and organizational levels, our process also engaged programs and agencies within a larger system (CCMHDDDB). While ongoing effort will further advance these goals, the targeted partnerships begin the process of fostering a culture of i) valuing evaluation, ii) desiring evaluation to be meaningful, and iii) experimenting with evaluation.

- 2. Continue to Support the Development of Theory of Change Logic Models.**
 - a. Offer 2 logic modeling workshops to support funded programs in model development in Fall 2020*
 - b. Schedule and announce logic model training dates with 30 days advance notice*
 - c. Provide follow-up support to targeted agencies who submit a model to the team for review (and to agencies who choose to develop the model using "hours" from the consultation bank)*

We held seven total (virtual) logic model workshops, with two workshops offered in fall of 2020 open to CCMHDDDB funded programs, staff, and board members. The other five workshops were open only to CCMHDDDB staff and/or board members (more information regarding these latter workshops is provided under point number nine below).

Workshops offered to funded programs were attended by three groups: the Cunningham Children's Home (CHC), Rape Advocacy, Counseling, and Education Services (RACES), and the Mahomet Area Youth Club (MAYC). During the workshops all programs engaged in hands-on theory of change logic model creation with the support of an Evaluation Capacity Building team member. All programs in attendance were provided with PowerPoint slides containing their logic models following the workshop. Additionally, we continued working with a couple programs to further develop their logic models after the workshop.

- 3. Choose three Programs for Targeted Evaluation Development in Consultation (up to two CCMHB and one CCDDDB)**
 - a. Work in collaboration with up to three funded programs to develop evaluation plans and support them in the implementation of those plans (e.g., instrument development, data gathering, data reporting)*
 - b. The goal would be to guide an evaluation plan and process that can be implemented and sustained by the program in subsequent years*

We worked with two programs as new targeted partners, both funded by the CCMHB, for evaluation capacity building support in year 6. Despite expressing general interest in participating in partnerships to build evaluation capacity, given the challenges associated with continuing to provide high quality services during the COVID-19 pandemic, no CCDDDB funded programs were able to devote the necessary time and effort to participate in new partnerships in year 6. The new CCMHB programs included: the Cunningham Children’s Home – Families Stronger Together (CCH-FST) program and Rape Advocacy, Counseling, and Educational Services (RACES). Individual meetings and customized efforts were provided to each of these two programs. Reports that elaborate on the specific activities engaged to build evaluation capacity and to create specific evaluation plans are provided in the following sections II and III.

4. Choose three Programs for Targeted Evaluation Data Usage in Consultation (up to two CCMHB and one CCDDDB)

- a. *Work in collaboration with up to three funded programs to support ongoing evaluation implementation (e.g., data collection, data usage, data translation).*
- b. *The goal would be to emphasize translating evaluation findings to inform program activities and facilitate usage of evaluation data to make informed programmatic decisions.*

We worked with three programs as continuing targeted partners, all funded by the CCMHB, for evaluation capacity building support targeted to data usage in year 6. Again, given the challenges associated with continuing to provide high quality services during the COVID-19 pandemic, no CCDDDB funded programs were able to devote the necessary time and effort to participate in continuing partnerships in year 6. The continuing CCMHB programs included: GROW, Rosecrance – Criminal Justice and Mental Health program, and Uniting Pride. Individual meetings and customized efforts were provided to each of these three programs. Reports that elaborate on the specific activities engaged to build evaluation capacity and to create specific evaluation plans are provided in the following sections IV, V and VI.

5. Invite follow-up with all previously targeted agencies via the Consultation Bank. This could include (depending on agency need):

- a. *Reviewing evaluation implementation progress*
- b. *Revising and refining logic models*
- c. *Reviewing gathered data and developing processes to analyze and present data internally and externally*

We received two requests for consultation bank support from previously targeted agencies. These included: Community Choices and the Community Services Center of Northern Champaign County (CSCNCC). Across these programs, we provided support

in troubleshooting strategies for improving client response and engagement in an annual patient satisfaction survey. We also provided support in brainstorming creative ways to adapt their survey recruitment and data collection strategies to meet the needs of families in the virtual context of the pandemic. We also provided support on adapting data collection strategies in the age of COVID and on setting up datasets to make analyses easier in the future.

6. Continue the Evaluation Consultation Bank with Agencies Who Have not Had Targeted Partnerships

- a. *Offer a bank of consultation hours for use by funded programs*
- b. *Funded programs would request hours based on specific tasks*
 - i. *Developing an evaluation focus*
 - ii. *Completing a logic model*
 - iii. *Developing and sustaining evaluation activities (particularly in targeted agencies)*
 - iv. *Reporting data*

We received one request for consultation bank support from the Mahomet Area Youth Club (MAYC), who had not previously had a targeted partnership. With MAYC we discussed potential ways to assess outcomes for a diversity education workshop facilitated by an external presenter, including potential outcomes of interest, measurement methods, and important considerations for analysis and interpretation.

7. Continue to Build a “Buffet” of Tools

- a. *Maintain and expand a Google drive or other web-based repository for measures developed with and/or for funded programs*

While we continued to maintain the web-based repository of measures developed with and for funded programs, this year all new measures that were developed were highly specific to the individual programs involved, and thus were not appropriate for use by other programs. Consequently, in year 6, no new measures were added to the repository of measures.

8. Offer two workshops with CCMHB/CCDDDB funded agencies regarding data usage fundamentals including, for example:

- a. *Data storage (setting up excel, confidential storage, identity keys)*
- b. *Basic analysis (shareware, means, standard deviations, change over time)*
- c. *Conceptualizing process and outcome evaluation questions based on the theory of change logic model*
- d. *Applying evaluation findings to inform programmatic decision-making*

In summer of 2021, we offered three data workshops to all CCMHB/CCDDDB funded agencies. The workshops were sequenced to build on each other, with the first workshop being the most basic and the third the most advanced. The first workshop, Data 101, provided an basic introduction to data. It addressed what questions data can answer, and what types we can collect, use, and share. The second workshop, Data 102, provided an

introduction to basic statistical concepts for understanding program outcomes and best practices for data entry and management in Excel. The third workshop, Data 103, provided a more in depth introduction to using Excel to automate data analysis, reporting and visualization. As was true for the year 6 logic modeling workshops, the data workshops were delivered online via zoom. Each workshop was attended by between four and ten staff and/or board members from between three and five agencies. The following six agencies were represented at one or more workshops: Community Choices, CU-Able, GROW, Family Services, RACES and Uniting Pride. Several programs that attended expressed their intention to use the consultation bank to follow-up on ideas sparked by the workshops for improving their program's evaluation processes and procedures.

9. Meet with CCMHB/CCDDB members as requested to provide information on, for example:

- a. The varied uses of evaluation
- b. Logic modeling process
- c. CCMHB/CCDDB goals and priorities with regard to evaluation
- d. Instantiating evaluation practices for the CCMHB and the boards' funded programs

Through conversation with CCMHDDDB staff and some board members, it was decided that we would develop a logic model for the work of the Champaign County Mental Health and Developmental Disabilities Boards. This work is summarized below, starting with a brief description of the organizational background that provides context for the logic model.

Organization Background: "The [Champaign County Mental Health Board (CCMHB) and the Champaign County Developmental Disabilities Board (CCDDB)] are the local mental health and developmental disabilities authorities for Champaign County. The CCMHB is responsible for planning, coordinating, evaluating and allocating funds for the comprehensive local system of mental health, developmental disabilities and substance abuse services for Champaign County. The CCDDB has essentially the same functions, but is limited to developmental disabilities.

Duties associated with these responsibilities include preparation of a Three Year Plan with annual review of supporting objectives, setting criteria for evaluating program proposals supporting a system of care, analysis of requests for funding and contract monitoring to evaluate program performance and to maintain financial accountability." (Information pulled from <http://co.champaign.il.us/MHBDDDB/PublicDocuments>)

With the aim of clarifying links between organizational responsibilities and anticipated outcomes, CCMHDDDB staff and board members participated in a series of logic model workshops resulting in the model included in Appendices for Section I, at the end of this document.

Section I: Year Six Overview

Logic Model Overview: A Theory of Change Logic Model aims to clarify the hypothesized relationship between organizational activities and desired impact. This type of model visually represents the connections between specific program activities, shorter-term outcomes, and longer-term outcomes. Ideally, creating a model is an iterative process that allows for dialogue and consensus-building among different stakeholders, resulting in a visual model that articulates a program's underlying theory of change.

Logic Model Process: The current model was developed in collaboration between CCMHDDDB staff, active CCMHB and CCDDDB volunteer board members, and members of the evaluation capacity building (ECB) team. The model was created over the course of six different meetings attended by ten board members and six staff, held from December, 2020 to March 2021. To maintain compliance with the Illinois Open Meetings Act (5 ILCS 120/), no more than two members of each board were present at the same workshop. Staff members attended multiple workshops.

Model development was an iterative process. During each workshop, participants provided model content and feedback and between each workshop, the ECB team refined the model based on that feedback. Feedback on the model generally reflected a high degree of conceptual consistency among participants, indicating a shared vision for organizational impact.

Early on, the decision was made to create a unified model that could represent both boards, as opposed to individual models for each. This decision reflects the perception that each board's activities and goals are more similar than different, even with slight differences in target populations. Importantly, this was a collaborative decision, with members of both boards and staff in agreement with this approach.

Ultimately, organizational mission, activities, and intended shorter- and longer-term outcomes were organized into a logic model (see **Section I Appendix**). The logic model includes a "detailed version" and a "simple version", with the only difference being the amount of detail provided in each box.

Logic Model Details: The first board activities described in the model are i. Required and regular planning for DDB/MHB activities and priorities, and ii. Review and update of MHB/DDB policy and procedures. Bidirectional arrows indicate that each of these activities influences the other; an additional arrow leads from these two activities to another column divided into three categories of 11 total activities (Consumers and Broader Community; Funded Programs; MH and DD Board Members), indicating that planning and review informs each of these activities.

Arrows indicate that these 11 activities result in a variety of shorter-term outcomes (e.g., Increase local capacity to develop and expand local resources), which then lead to intermediary outcomes (e.g., Increase connections and shared understanding and purpose with relevant systems). The model links these intermediary outcomes to the longer-term outcomes of i. Effective mental health and developmental disabilities service array and ii.

Section I: Year Six Overview

Effective service delivery system, each of which lead to the ultimate organizational goal of a healthy community.

The CCMHDDDB is encouraged to incorporate regular review of the logic model into organizational training, strategic planning, evaluation, and/or goal setting processes. The organization should feel empowered to respond to changes in organizational focus, mission, or responsibilities by modifying the model as necessary.

Finally, the evaluation capacity building team provided consultation to CCMHDDDB staff regarding the evaluation sections of program applications for FY 2022. We did not make summary judgments about the merits of applicants plans, but rather reviewed the evaluation sections of their applications and provided descriptions of them that would help the staff understand what we saw as the plans' strengths and shortcomings.

Cunningham Children's Home (CCH): Families Stronger Together (FST) Program

Program Overview

The Families Stronger Together (FST) Program is an initiative of Cunningham Children's Home designed to support youth and families of youth currently involved or at risk of becoming involved in the juvenile justice system. The program includes extensive family engagement and casework efforts to engage families referred to the program in meeting their most immediate needs such as housing, food, and safety. Each family is provided a thorough assessment of family strengths and needs, and together with case managers, families are supported in strengthening natural supports and linking with professional supports where needed. For youth and families expressing a need for therapy services, they can also receive psychoeducation and individual therapy services. FST uses a trauma-informed, evidence-based intervention model called the Attachment, Regulation, and Competencies (ARC) Framework, which focuses on identifying and strengthening existing family supports and building skills in coping, emotion regulation, attunement, communication, and self-efficacy. From September 2020 to July 2021, one consultant from the University of Illinois worked with two primary staff members of FST to build the program's capacity to evaluate and improve their program.

Identifying Goals for Targeted Continuing Partnership

1. Develop a plan to leverage chosen assessment tools to track FST's progress on an ongoing basis.
2. Build institutional knowledge to enable FST's evaluation plan to be sustainable over time and through staff changes.
3. Develop a method for measuring systemic change in the community, particularly as it relates to the juvenile justice system.
4. Improve skills in presenting FST outcomes in a clear to way funders.

Executing Goals

1. **Develop a plan to leverage chosen assessment tools to track FST's progress on an ongoing basis.**

During FST's initial development, the staff developed an assessment battery to track youth and family outcomes throughout their engagement with the program, which includes multiple validated scales as well as an internally developed measurement tool specific to the Attachment, Regulation, and Competency (ARC) framework employed by the program (Hodgdon et al, 2016). FST sought support in leveraging these data to track the program's performance dynamically over time. We began by examining the program's original logic model, identifying which short-term outcomes they wanted to assess as indicators program success. Because the logic model was created during FST's initial development (before implementation began), we also invited staff to identify other short-term goals or indicators that they believed were important to track over time. Using this list of indicators, we helped staff to develop a data dashboard to clearly communicate

FST's key outcomes with staff on an ongoing basis. We supported FST staff in adapting a pre-existing dashboard for another Cunningham Children's Home program to meet the needs of FST. This support included helping FST staff to identify benchmarks and data sources for each outcome indicator. We also helped staff to conceptualize how to track community engagement efforts including offering community-wide trainings on trauma-informed care. Efforts were made to ensure the dashboard's data sources aligned with data collection procedures within the organization in order to integrate the dashboard with existing reporting capacity.

2. Build institutional knowledge to enable FST's evaluation plan to be sustainable over time and through staff changes.

Once the data dashboard was completed, we supported FST in revising their program's logic model, which was initially developed during the program's conception. While regularly updating logic models is a best practice, we also chose this activity so that staff could document the spirit and logic of the program for future iterations of FST staff. We paid close attention to the long-term goals that FST staff wanted to achieve, the specific activities conducted by FST staff in its programming, and what short-term and intermediary goals could help the program to achieve these long-term goals. Through a series of multi-hour meetings, we provided technical support to FST staff as they developed the content and organization of a more current logic model. We encouraged staff to acknowledge and interrogate the assumptions behind each arrow in the model, which resulted in greater clarity about the program's scope as well as a more intentional focus on client outcomes rather than staff outputs as indicators of the program's success.

Upon completion of the program logic model, we supported FST staff in developing an indicators worksheet to identify the indicators and data sources they would use for each short-term outcome. During this process, we supported staff in further operationalizing the key outcomes they would like to track as indicators of the program's success. Additionally, we helped staff to continue practicing the distinction between program inputs/activities and short-term goals rooted in client outcomes. As staff developed clarity about their own assumptions and opinions about program goals, we encouraged them to articulate their logic through the logic models and indicators worksheet so that future staff could understand the connection between the program structure and activities, the targeted client outcomes via various assessment tools, and the long-term goals.

3. Develop a method for measuring systemic change in the community, particularly as it relates to the juvenile justice system.

In addition to helping FST staff to update their program's logic model, we provided support in creating a secondary logic model specific to FST's systems change goals in the community. In its conception, the program aimed to make a community-wide impact by expanding community partners' awareness and use of trauma-informed practices throughout the county. Program leadership voiced a desire to support existing leaders in the juvenile justice sector of the community rather than adopting a leadership role and duplicating efforts. Thus, the systems change logic model focused on specific expertise

and resources that FST could contribute to existing efforts. FST staff attended our logic model workshop in Fall 2020 to begin the systems-level logic model, and we collaboratively revised the model over a series of one-on-one meetings. See appendices for the final version of the systems change logic model.

Additionally, funding was provided by CCMHB for FST to provide a training to community partners on trauma-informed care. FST staff asked for assistance developing a survey to evaluate the training delivered in May 2021. We conducted a literature review on evaluations of comparable trainings and met with staff to draft sample items and ultimately to finalize the details of the pre- and post-training surveys. Staff also voiced a desire to get feedback from attendees about their priorities and perceived needs for the juvenile justice sector of the community. Thus, we added items to evaluate community needs and priorities to the post-training survey. Following the training, we supported FST staff in summarizing the results of the pre- and post-training surveys, including the community evaluation items.

4. Improve skills in presenting FST outcomes in a clear to way funders.

FST staff made a presentation to the CCMHB in February 2021, and we were asked to provide input on this presentation during its preparation. We provided FST staff with guidance on best practices for presenting program outcomes and ultimately reviewed and provided feedback on the presentation slides with a particular focus on the program outcomes.

Future Directions and Next Steps

1. FST staff will continue to refine their program logic model, systems change logic model, indicators worksheet, and dashboard to reflect program activities and goals.
2. FST staff will consult with quality assurance staff within Cunningham Childrens' Home to develop a process for generating the reports necessary to update the dashboard and to evaluate the FST program as a whole using the data sources and indicators from the indicators worksheet.
3. Results from the training assessment and community evaluation will be shared with CCMHB, the contracted training facilitator, and possibly with training attendees to inform future iterations of the training and to inform community-wide juvenile justice efforts (e.g., developing a Juvenile Justice Council).

References

Hodgdon, H. B., Blaustein, M., Kinniburgh, K., Peterson, M. L., & Spinazzola, J. (2016). Application of the ARC model with adopted children: Supporting resiliency and family well being. *Journal of Child & Adolescent Trauma, 9(1)*, 43-53.

Section II: CCH-FST

Appendix Items:

- Section II A: Outcome Tracking Dashboard
- Section II B: FST Program Logic Model
- Section II C: FST Systems Change Logic Model
- Section II D: ARC Training Assessment and Community Evaluation Survey
- Section II E: ARC Training Assessment Summary and Community-Wide Juvenile Justice System Evaluation Summary

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Rape Advocacy, Counseling, & Education Services (RACES)

Program Overview

RACES is an organization whose mission is to create a world that is free of sexual violence in our lifetime, starting with Champaign County. RACES offers a Child Assault Prevention Education Program that provides age-appropriate education to elementary-aged students and provides prevention education programs to public and private schools in Champaign County and beyond, focusing on topics including consent and fostering healthy relationships. They also provide confidential, compassionate, comprehensive support to those affected by sexual trauma through counseling, legal and medical advocacy, a 24-hour Crisis Line, and publication education and training.

Identifying Goals

The first step in identifying goals for RACES was to create a logic model in which we documented the activities that RACES engaged in and how they connected to the program's desired short- and long-term outcomes. In creating this logic model, several key goals emerged:

1. Adapt and refine prevention education and its evaluation into a virtual format in light of the COVID-19 pandemic.
2. Assess the process and impacts of prevention education delivery in a virtual format.

Executing Goals

1. Adapt and refine prevention education and its evaluation into a virtual format in light of the COVID-19 pandemic.

The COVID-19 pandemic affected the administration of RACES prevention education in schools and in-person, and thus much of the curriculum not only had to be adapted to a virtual format, but the content had to also be adapted. For the content of the survey and the programming, some initial concerns included issues around confidentiality, burden on younger grades (e.g., K-5) to fill out online surveys, and how to move from a discussion-based learning curriculum to something that could be engaging online. Furthermore, having learned in the Spring of 2020 that synchronous virtual learning was deeply challenging in terms of behavioral management, RACES had much to adapt in the ways of past education modules, and importantly, the systematic assessments that had been used in past years.

Using an asynchronous learning platform (Thinkific), RACES educators provided over four hours of video content with educators speaking across the curriculum, included knowledge checks, and devised interactive scenarios across the virtual learning modules. The questions that were included in surveys from prior years were adapted to mirror this new content, centering questions of consent, healthy relationships, and addressing myths about rape and sexual assault. Further, to reduce burden on learners, these surveys were

shortened to fewer questions than previous years, and data were collected on an online survey platform (SurveyMonkey). For the nineteen schools that used K-5 programming, curriculum content was administered and adapted for and through teachers, and surveys to collect data including the number of students who received the programming, which grades received the training, how many days of training were administered, and qualitative feedback from the teachers in terms of the virtual learning curriculum.

2. Assess the process and impacts of prevention education delivery in a virtual format.

As this was the first time that the prevention education was delivered in a virtual format, the team was interested in evaluating both the outcomes from the education and the process of virtual learning. For certain schools, prevention educators noticed that the online learning worked well through greater student engagement and higher completion rates of the training than in the classroom settings. Furthermore, for schools where it may be structurally difficult to offer training in-person, the online format could potentially be an avenue for outreach to these students in a trauma-informed way. The team also noted that the online format may also be an accessible outlet to welcome schools that have been hesitant to receive prevention education services in the past.

In addition to these observations and feedback from teachers, the team created a virtual Focus Group protocol to directly solicit feedback from student learners. These materials included a poster and email for recruitment, obtaining funding to pay student participants for their time, parent consent and youth assent forms, a semi-structured interview protocol, and accompanying slides for the protocol. Although the team had intended to complete these focus groups in the Spring of 2021, certain barriers prevented this from being successfully done. For example, the team observed burnout effects from both educators and student learners, in that teachers did not forward recruitment materials in a timely manner, students who may have received recruitment materials did not sign-up for the groups perhaps due to online learning fatigue. The team therefore assessed the limitations and planned for future years to inform the staff early on, positioning these groups as a component of informing service delivery, and moving the timeline earlier to administer the Focus Groups in the first quarter instead.

Finally, the Evaluation Capacity Building Team ran descriptive analyses for RACES based on the collected survey data and presented the data analyses for both the pre- and post-test total scores. The team also configured a graphical representation of the item level responses for student learners from 6th to 9th grade.

Next Steps and Future Directions

1. Continue to maintain relationships with and provide support for existing school partners
2. Utilize the developed assessment materials for evaluating the process of receiving trauma-informed prevention education in a virtual format

Section III: RACES

3. Extend current pool of school partners into a system-wide network of superintendents across the state of Illinois to advocate for increased initial and continued delivery of prevention education
4. Mobilize and empower school staff (e.g., teachers, social workers, and school counselors) to implement prevention education from RACES within elementary schools throughout Illinois

Appendix Items:

Section III A: RACES Logic Model

Section III B: RACES Survey Questions Answer Key

Section III C: RACES Focus Group Materials

GROW in Illinois

Program Overview

GROW is a peer-to-peer mutual help organization that aims to foster recovery from mental illness, the prevention of mental health crises, and personal and social growth. Through weekly group meetings, leadership involvement, and friendship and community building, GROW members come together to support one another through recovery. Participation in GROW is voluntary, confidential, and free of cost. Although GROW is open to all adults, its services are most frequently utilized by participants experiencing mental illness and mental health-related hospitalizations and care. According to GROW's 2014 survey, 79% of participants had been given a mental health diagnosis, 66% had been hospitalized for mental health concerns, 86% were taking psychiatric medication, and 83% were receiving services from a professional mental health provider. From September 2020 to July 2021, one consultant from the University of Illinois worked with staff members of GROW to build the program's capacity to evaluate and improve their program.

Identifying Goals for Targeted Continuing Partnership

1. Develop survey options to capture open-ended data related to participants' expectations, personal experiences with GROW, good and bad results/outcomes, and concerns or praises of the program.
2. Learn techniques for data analysis and graphical representation of data.
3. Develop knowledge and skills for tracking trends in participant outcomes longitudinally.
4. Build institutional knowledge and train future staff in evaluation of program outcomes.

Executing Goals

- 1. Develop survey options to capture open-ended data related to participants' expectations, personal experiences with GROW, good and bad results/outcomes, and concerns or praises of the program.**

We began our work by revisiting GROW's participant survey which was most recently revised during our team's previous partnership with GROW in FY2018. Before adding open-ended questions, we took time for staff to reacquaint themselves with the existing survey items. We invited staff to incorporate their observations from collecting data in the previous year to identify and refine any questions that have not worked as well in practice. Through this exercise, we identified three existing questions in need of revision. We provided education to staff about the balance between consistency and validity of survey data and encouraged them to change portions of their survey that are not working well, while weighing the loss in data consistency across time with each change made.

Once existing items were finalized, we worked with staff to draft open-ended questions to capture qualitative data on participants' experiences with GROW.

In addition to revising existing items and adding open-ended items, we explored the possibility of changing the hosting location of the survey to increase GROW's ownership of their survey data in the long-term by moving away from Qualtrics (a proprietary program) to Google Forms, which is a free service. In consultation with GROW staff, our team recreated GROW's participant survey on Google Forms, and we were able to replicate the procedure for creating participants' unique survey IDs that was originally created in Qualtrics.

2. Learn techniques for data analysis and graphical representation of data.

After the survey items were finalized and the survey was completely migrated to Google Forms, we provided data analysis support to GROW staff through a series of virtual and in-person meetings. Staff were coached on downloading results from Google Forms, opening in Excel, and conducting basic descriptive statistics on their data. At the time of these data analysis meetings (Spring 2021), GROW was undergoing substantial transitions in staffing, and therefore a focus on sustainability was emphasized. For example, all skills were written in narrative form after each meeting and emailed to all staff members. Additionally, staff completed their own data analyses using the tools imparted by our team and consulted us when they encountered barriers in their own processes. We sought to bolster GROW's own self-efficacy in summarizing and presenting their findings, and GROW staff exhibited receptiveness to this approach, developing a strong sense of ownership over their data and results. Ultimately, GROW was successful in learning to calculate frequencies, percentages, and means, and presenting their results in bar charts.

3. Develop knowledge and skills for tracking trends in participant outcomes longitudinally.

At the onset of this year's targeted partnership, GROW staff expressed an interest in learning tools to track participant outcomes over time. Together, we decided to prioritize this item for Spring 2021 once the changes to the participant survey were finalized. Unfortunately, GROW staff experienced an unexpected transition in personnel at the start of 2021, which decreased the frequency with which the remaining staff was able to engage in evaluation capacity building work during early Spring 2021. Given the substantial shifts in GROW's institutional knowledge with the departure of key staff, we worked with GROW to rework their evaluation goals for the remainder of the partnership. Rather than spending our remaining time on longitudinal outcomes tracking, we opted to focus on training incoming staff on GROW's evaluation progress to date and developing resources on GROW's evaluation strategy for new GROW staff in the future.

4. Build institutional knowledge and train future staff in evaluation of program outcomes.

Due to turnover of GROW staff in early 2021, we decided in collaboration with remaining GROW staff to spend the last two months of our partnership building resources and knowledge to increase the internal sustainability of GROW's evaluation of its programming. First, we met with interim staff members to provide an overview of the participant survey items. This led to an addition of another open-ended question item and the identification of areas within the survey where additional instructions would be helpful. We then worked with the new staff to access the survey via Google Forms and made the suggested changes with our support. Interim staff then collected pilot data from two GROW participants, and these responses were used to illustrate to staff how to download the results from Google Forms and open in Excel. We helped staff to visualize how they want their data to look and then helped them to work backwards to engineer survey questions that would produce data in the desired layout. From here, minor adjustments were made to the survey by the staff. GROW staff then collected data from 13 additional participants. With these data, we worked with GROW staff to build a results tab in Excel that automatically calculates frequencies, percentages, means, and standard deviations of survey outcomes. We used GROW's FY2020 Performance Measure Outcomes (PMO) document to inform the statistics to prioritize for this year's PMO due in August 2021. We were thrilled to see GROW staff take ownership of their data analysis from the beginning, quickly learning Excel formulas and functionalities to calculate their own data and build graphs for presenting outcomes to funders. With each step of the data analysis process, we focused on sustainability within the organization, taking notes in each meeting on formulas and Excel steps to help future GROW staff understand how and why interim staff took the steps that they did.

Next Steps and Future Directions

1. Develop process for calculating results for baseline and follow-up surveys separately.
2. Track participants longitudinally (within-subjects) using individual survey IDs.
3. Work with other GROW chapters in Chicago and New Jersey to optimize survey effectiveness and explore aggregating data across chapters to measure national trends.
4. Use data to inform practices.

Appendix Items:

Section IV A: GROW Participant Survey (Revised 01/18/2021)
Section IV B: GROW Participant Survey (Google Forms)
Section IV C: GROW Participant Survey Results Calculations

Rosecrance Criminal Justice and Mental Health Program

Program Overview

The target populations for the Rosecrance CJMH program are individuals with behavioral health disorders and involvement in the Champaign County criminal justice system. This includes adults who are presently or within the past six months have been charged with a crime, are on some type of community supervision (probation, parole, conditional discharge, or court supervision), have been found unfit to stand trial, are on conditional release because they were found not guilty by reason of insanity, or are presently incarcerated at the Champaign County Correctional Center. The program's rationale for working with the justice-involved population with behavioral health needs comes from multiple sources: according to SAMHSA, the criminal justice system is the single largest source of referral to the public substance abuse treatment system, with probation and parole treatment admissions representing the highest proportion of these referrals. Rosecrance Mental health referrals primarily come from the Champaign County jail; and this population is over-represented by people of color and people who are low income and often have had little to no access to quality healthcare. Case managers work with those who want assistance with linkage to mental health treatment services and resources including obtaining a state ID, finding employment, securing health insurance or obtaining a medical provider, and locating affordable housing. From September 2020 to May 2020, one consultant from the University of Illinois worked with two primary staff members of the Rosecrance CJMH program to build the program's capacity to evaluate and improve their program.

Identifying Goals

The first step in identifying Rosecrance's goals was to review (i) the program's logic model, in which past consultation efforts documented the activities Rosecrance engages in and how they connect to the intended short and long-term outcomes (see Section # : Appendix A for the most updated version of the logic model); as well as (ii) the program's evaluation goals for the present funding year. Using the logic model and the program's overarching evaluation goals, three key goals emerged related to assessing client's access needs and linkage to services:

1. Develop data analytic process to assess clients' identified access needs and linkage to resources and services and identify areas for program improvement.
2. Develop data analytic process to assess clients' service linkage to MRT and anger management groups, and needs in the four life domains being measured: Access to services, Mental Health, Substance Abuse, and Primary Health.
3. Develop systematic documentation and evaluation process for tracking jail referral slips

Executing Goals

After reviewing the logic model and the program's overarching evaluation goals, the first step in creating a comprehensive evaluation plan was to review current data collection protocols, and identify areas for improvement. For case management outcomes and indicators, potential data collection methods and sources of information were discussed, as well as the advantages and disadvantages of these different methods. Once data collection procedures were reviewed, we developed plans for collecting, storing, and analyzing case management and referral data.

1. Develop data analytic process to assess clients' identified access needs and linkage to resources and services and identify areas for program improvement.

Prior work with the UIUC evaluation capacity building team resulted in existing data tracking tools that Rosecrance program staff were already using for programmatic purposes. However, staff expressed a desire to develop a process for analyzing the data collected, as well as an interest in streamlining their data entry process. UIUC consultants worked with staff to analyze current outcomes of interests and their data collection tools in order to address any gaps in their process. Program staff expressed finding data entry to be cumbersome with limited information available to analyze aside from linkage counts. Program staff and UIUC consultant identified areas for data entry improvements and identified possible data informed questions that could be used to improve program service delivery. In consultation with program staff a new database management workbook was developed to allow for more efficient tracking and analyzing of clients' identified needs and linkage to resources. Ease of entry was prioritized, and mechanisms for evaluation and tracking of outcomes of interest (e.g. clients identified needs, linkages to services, service follow-up, etc.) across time were developed as part of the Case Management Tracking Workbook (see Section #: Appendix B). The revised Case Management Tracking Workbook included a data entry dashboard, database management, and data reporting and visualization tools. The Case Management Tracking Workbook will be used to streamline data entry and database management, as well as auto generate quarterly and annual reports on service delivery in order to identify areas for program improvement.

2. Develop data analytic process to assess clients' service linkage to MRT and anger management groups, and needs in the four life domains being measured: Access to services, Mental Health, Substance Abuse, and Primary Health.

Prior work with the UIUC evaluation capacity building team showed that service linkages and case management service delivery was highest amongst clients involved in the Moral Reasoning Therapy or Anger management groups within the Champaign County jail. Program staff expressed a desire to further interrogate these findings, as well as developing a systematic way to assess unmet service linkage needs across the four life domains of interest: Access to services, Mental Health, Substance Abuse, and Primary

Health. In consultation with program staff, database management and data reporting and visualization tools were developed to automate the process of examining service linkage needs across measured service/need domains. Data analytic mechanisms were also developed to track service delivery and unmet needs across client demographic groups (i.e., gender, housing status, probation status, involvement in MRT groups etc.) as part of the Case Management Tracking Workbook (see Section V: Appendix B). The Case Management Tracking Workbook will be used to auto generate quarterly and annual reports on service delivery across demographics, as well as identify areas for better targeted case management service improvement.

3. Develop systematic documentation and evaluation process for tracking jail referral slips.

Program staff reported a gap in service delivery and data tracking and reporting in regards to their documentation and evaluation process for tracking jail referral slips. Program staff expressed that a significant portion of caseworkers' time is devoted to processing and working on resource and service linkage requests from the Champaign County jail. However, they also noted that documentation and evaluation of this service delivery was inadequate. The jail resource referral slips are processed separately from the Case Management tracking, and generally involve staff connecting clients to indicated services (i.e., transportation services, insurance/medical, legal aid, mental health services, or substance use treatment). Previously existing data management process for this program arm did not allow for efficient analysis of service delivery and linkages aside from a count of referrals received, rendering this important service component difficult to include in data analytic and program improvement efforts. In consultation with program staff a new database management workbook was developed to allow for more efficient tracking and analyzing of resource referral slips. Ease of entry was prioritized, and mechanisms for evaluation and tracking of outcomes of interest across time were developed as part of the Request Slip Tracking Workbook (see Section #: Appendix C). The revised Request Slip Tracking Workbook included a data entry dashboard, database management, and data reporting and visualization tools. The Request Slip Tracking Workbook will be used to streamline data entry and database management, as well as auto generate quarterly and annual reports on service delivery in order to better capture program service delivery efforts.

Future Directions and Next Steps

1. Implement data collection, entry, and analysis process as described above using Case Management and Referral Slip Tracking Workbooks, starting Summer 2021
2. Utilize automated data visualization tools included in Case Management and Request Slip Tracking Workbooks to identify program areas for improvement.

Appendix Items:

Section V A: Logic Model

Section V B: Case Management Tracking Workbook

Section V C: Request Slips Tracking Workbook

Uniting Pride of Champaign County

Program Overview

Uniting Pride of Champaign County (The UP Center) is an organization whose mission is to create a Champaign County where all who identify as gender and/or sexual minorities can live full, healthy, and vibrant lives. The Youth and Families Division of Uniting Pride is specifically focused on empowering LGBTQIA2S+ youth, their families, and adults who work with youth in professional settings to build community with and better support LGBTQIA2S+ youth. Uniting Pride hosts support groups for youth and parents, community social events, workshops for professional settings such as churches and schools, and connect others to LGBTQIA2S+ resources.

Identifying Goals

The first step in identifying Uniting Pride's goals was to create a logic model that demonstrated the connections between the program's desired long-term outcomes, short-term

outcomes, and activities they engage in. This process allowed three key goals to emerge:

1. Increase capability to track and measure program effectiveness over time.
2. Streamline data collection for Uniting Pride across all programs (e.g., attendance, demographics).
3. Extend evaluation of LGBTQIA2S+ community needs to Champaign County more broadly

Executing Goals

1. Increase capability to track and measure program effectiveness over time.

Having created a bi-annual youth survey to measure targeted outcomes (e.g., youth empowerment), the team then worked together to pare the survey length down to an optimal length of 15 minutes for completion to reduce the burden of data collection for youth, while also still collecting the outcomes for youth. They then piloted and tested the survey with a sample of youth in the Fall of 2020. The results of this pilot indicated that the survey was not perceived as burdensome, and the survey was able to be completed in approximately 10-15 minutes, including the open-ended responses for youth to provide feedback about the program itself to staff.

Currently, initial rounds of data collection are already underway for FY 2021, which contains a battery of evidence-based measures of sense of belonging, self-worth, self-efficacy, and social support to measure youth empowerment in the context of Uniting Pride's Talk It Up group. Using Google Forms and linking these survey responses to Google Sheets, the Uniting Pride staff can track the individuals' responses from these built-in features to report both quantitative and qualitative data from this survey on youth

empowerment. For the Play Group, a shortened version of the Youth Survey was adapted and created to be able to be administered and completed in a paper format.

2. Streamline data collection for Uniting Pride across all programs (e.g., attendance, demographics).

Another of Uniting Pride's short-term outcomes was to utilize their program evaluation tools to streamline data collection for Uniting Pride across all its programming. The team created a uniform system for tracking group attendance and gathered demographic data for participants who engaged in Uniting Pride's services (e.g., Talk itUP, UParent, Queries, Play Group, Trans UP, Aging UP). The survey was also designed to track the sources for which individuals heard of Uniting Pride, and whether this was their first time engaging in Uniting Pride's programming as a groundwork to better assess whether it was pre-teens, adolescents, or caregivers engaging in Uniting Pride's services this year.

Of note, as the COVID-19 global pandemic was still ongoing throughout the year, the team managed to adapt most of its forms of program evaluation to a virtual format using Google Forms and Google Sheets' built-in features. The team then trained all facilitators across its programming to be able to utilize these streamlined systems such that all the data could be formatted and reviewed in the same formats.

3. Extend evaluation of LGBTQIA2S+ community needs to Champaign County more broadly.

During the COVID-19 pandemic, the Uniting Pride team adapted its services to create a climate of inclusion in creative ways (e.g., Uniting Pride offered "Queerantime kits" for those isolating). The organization also adapted its programming to allow for participants to engage in a way that was most comfortable to them. For example, using the Zoom platform allowed for participants experiencing gender dysphoria to hide their faces, change their names, and utilize the chat function. Furthermore, other participants who normally would not be able to access Uniting Pride due to distance were able to engage through the virtual platform, and also engage through forums such as the Discord server and various Facebook groups. For members of the community who may not have been comfortable with virtual platforms, staff members also called them over the phone to allow for service engagement.

Uniting Pride's long-term goal is to make Champaign County a more inclusive and affirming place for LGBTQIA2S+ community members. One way to work towards this goal that the team identified was to extend evaluation of community needs to Champaign County more broadly outside of Uniting Pride's programming, by partnering with local schools and reaching out to more rural areas.

This led to the creation of two climate surveys in partnership with the Urbana School District and with the Interdisciplinary Health Sciences Institute Community Academic Scholars program. The Evaluation Capacity Building team assisted with the connection to school contacts and offered examples of existing school climate surveys that were

Section VI: Uniting Pride

subsequently adapted for use for students in the Urbana School District and adult LGBTQIA2S+ individuals in rural areas in the surrounding Champaign County.

Finally, Uniting Pride has also developed and offered numerous trainings for organizations to assist with assessing LGBTQIA2S+ community needs, including pronouns workshops, workplace non-discrimination policies, and thematic coding analysis for research. With the growth that Uniting Pride has seen over the past year, the evaluation work that has been done has prepared Uniting Pride for evaluating new programming that has emerged.

Next Steps and Future Directions

1. Extending evaluation of program effectiveness to adult populations
2. Launching the climate surveys that are in progress (pending IRB approval) and translating them from English to Spanish
3. Use data to inform program improvement.

Appendix Items:

- Section VI A: Uniting Pride Logic Model
- Section VI B: Uniting Pride Youth Survey
- Section VI C: Uniting Pride Play Group Survey
- Section VI D: Uniting Pride UParent Survey
- Section VI E: Uniting Pride Demographic Survey

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J.B.

9/22/2021

2021 COMMUNITY NEEDS ASSESSMENT REPORT

CHAMPAIGN COUNTY
DEVELOPMENTAL DISABILITIES BOARD
and
CHAMPAIGN COUNTY
MENTAL HEALTH BOARD

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CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
AND CHAMPAIGN COUNTY MENTAL HEALTH BOARD
COMMUNITY NEEDS ASSESSMENT REPORT 2021



This report was compiled and authored for the Champaign County Developmental Disabilities Board and the Champaign County Mental Health Board by CCDDB/CCMHB Associate Director for Mental Health and Substance Use Disorders Leon Bryson, Associate Director for Intellectual and Developmental Disabilities Kim Bowdry, and Executive Director Lynn Canfield.

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Community Focus Group Members
Local Funders Group
Human Services Council
Mental Health and Developmental Disabilities Agencies Council
Vermillion-Champaign Regional Health Plan Executive Committee

INTRODUCTION

Established under the "Community Mental Health Act," Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. seq.), the **Champaign County Mental Health Board** is required to prepare a one- and three-year plan for a program of community mental health services and facilities. To guide the development of this plan for Champaign County, statements of mission and purposes are identified in the Three Year Plan for 2019-2021.

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.

The **Champaign County Board for Treatment of Persons with a Developmental Disability** operates under Illinois Compiled Statutes, Chapter 50, Sections 835/0.05 to 835.14 inclusive, referred to as the "Community Care for Persons with Developmental Disabilities Act." While not required to do so by the statute or other authority, the CCDDB also prepares one- and three-year plans for a program of supports and services.

The mission of the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB) is the advancement of a local system of programs and services for the treatment of people with intellectual and/or developmental disabilities, in accordance with the assessed priorities of the citizens of Champaign County.

The Boards' strategic planning and priority setting processes are coordinated by staff who report to both. A variety of approaches are necessary for assessing these community needs and preferences, as the issues are not easy to talk about and have different impacts across the community. To develop three-year plans, annual objectives, and allocation priorities, we benefit from investigating the issues and sharing information as often as possible. Board and staff members participate in local collaborations, state and national trade associations, and national learning communities.

To assess the priorities of Champaign County's citizens regarding supports and services related to mental health conditions (MH), substance use disorders (SUD), or intellectual/developmental disabilities (I/DD), our primary data are from surveys of those who have a qualifying diagnosis in any of the three areas; care about someone with a qualifying diagnosis; provide the relevant services or supports; or otherwise have an interest. While surveys allow us to ask direct questions, those with the most at stake can be hard to reach, over-surveyed, or hesitant to share personal information. Based on our experience seeking feedback about these issues, we were prepared to learn from the focus group discussions and survey processes as well.

A variety of secondary sources offer context for issues identified by participants in the survey processes and contribute to our understanding of the operating environment and needs and strengths of those who seek or use MH, SUD, or I/DD services. Secondary data form a

community profile, including health, housing and financial stability, and characteristics of the population and service systems. Multiple sources are cited in References. Some informed the survey questions. Other useful information was contributed by partner organizations also engaged in assessment processes:

- United Way of Champaign County
- Champaign County Regional Planning Commission – Community Services
- Champaign County Regional Planning Commission – Independent Service Coordination
- Illinois Department of Human Services – Division of Developmental Disabilities
- New American Welcome Center
- Champaign-Urbana Public Health District and others' Champaign County Community Health Plan 2021-2023 (the "IPlan")

EXECUTIVE SUMMARY

Our approach to completing a community needs assessment is different each time. With three years between each, the differences are sometimes in reaction to changes in Champaign County or the larger context and also to our own capacities and what we learned from the last community needs assessment process.

This time around, while some persistent challenges remain, a lot has changed. Even with the shortcomings of our primary data collection, major themes emerged which echo other findings.

Persistent Challenges, to name just a few:

- **State and federal funding and regulatory issues** of behavioral health and I/DD service systems do not change very quickly, to the dismay of advocates, providers, planners, and even policy-makers. **Availability and flexibility of services are limited.**
- The **stigma** associated with these conditions, and possibly with addiction more than the others, is tied to deep shared values and attitudes which are also slow to move.
- The healthcare and human services systems can be very **hard to navigate**, especially for those who are in crisis or have limited access, even to **resource information.**
- **Disparities** in health and behavioral health outcomes, which are not as positive for members of racial or ethnic minorities, young people, those with disabilities or serious mental illness, rural residents, and other groups.

These threats – and possible solutions - are prominent among survey results and other sources.

A Driver of Change:

While COVID-19 was not an explicit theme in direct survey results, it has exaggerated the existing vulnerabilities, and maybe also the strengths, of our systems and communities. Much of this report is built on evidence of health and support needs prior to the pandemic, as not all data are available at this time. Without knowing whether we are near the end, middle, or beginning of the global pandemic, we already know that its impacts are profound. Understanding the service needs and relative strengths of Champaign County may support recovery from its long-term consequences.

Some of the impacts of the pandemic are strongly identified in surveys and other sources, including **escalating violence**, increased **mental health** concerns, threats to **housing and financial stability**, the worsening human services **workforce shortage**, and concern for the community's **youth**.

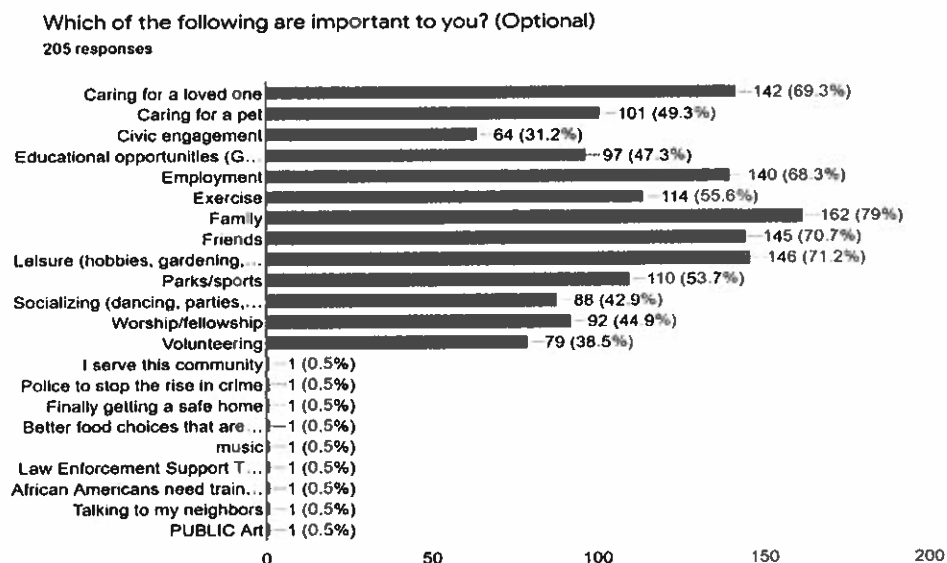
Clues for the Future:

Respondents also commented on positive qualities of our community, hinting at **strengths** which could grow and be mobilized. Natural resources such as the parks and rural settings were important to some and not mentioned by others, suggesting they are not universally experienced as assets. Champaign County is ranked as a relatively healthy community, again a strength for some but not true for all.

Although our approach to this process is different each time, during this cycle we benefited from many collaborators who also hope to understand what is needed to make Champaign County the healthiest in the state.

Early lessons about the process include:

- Low responses regarding SUD, possibly due to stigma or seeing SUD as an MI;
- Low awareness of I/DD services and issues by outsiders;
- Value of in-person outreach;
- Balance between what we want to know and what people are willing to share - one in-person respondent asked what changes would happen as a result;
- Value of the annual preferences assessment of people with I/DD, though respondents appear to prefer what they already have;
- Potential for annual preferences assessments of people with SUD or MI, though we would still be seeking that balance;
- More time is needed, regardless of outreach, distribution, and survey design; and
- Compassion is a value here...



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Because we are curious about everything, and respondents gave us so many clues to follow, but not in quantities sufficient for confidence, we have not completed all analysis of interest. We will continue to refer to these results to guide future efforts.

OPERATING ENVIRONMENT

From the US Census Bureau Population Estimates Program, Champaign County's 2019 total population estimate was 209,689, a change of 4.3% for 2010 to 2019, with expected increases in both Cities and a small decrease in the Village of Rantoul. Although few results of the 2020 US Census have been released, they show lower growth. With total population 205,865 and 206.7 people per square mile, Champaign County experienced 2.4% growth since 2010, highest in immigrant and racial minority groups. Fuller demographic details are not yet published. Champaign County is the 10th most populous in Illinois.

COVID-19 Impacts and Recovery:

Conditions prior to the global pandemic and early indications suggest that our healthcare and human service systems in their current state are not adequate to manage its long-term impacts.

Trends of concern:

- Increased death rates, regardless of cause, require us to consider the grief of others, as a secondary impact of the health crisis. Researchers estimate that every death from COVID-19 will leave nine bereaved loved ones. (Verdery et al.).
- People receiving and providing care have been especially impacted, as have children. In addition to the social and academic impacts of remote school and other stressors, "more than 1.5 million children around the world are estimated to have lost at least one parent, custodial grandparent, or grandparent who lived with them due to death related to COVID-19 during the first 14 months of the pandemic." (Hillis et al.).
- By 2018, US life expectancy had fallen further below that of peer countries, from 1.88 years less to 3.05 years less. Then between 2018 and 2020, it declined further, and disproportionately for racial and ethnic minority groups - by another 3.88 years for Hispanic, 3.25 years for non-Hispanic Black, and 1.36 years for White populations. These changes wiped out recent progress in reducing the gap between life expectancies of Black and White US citizens. (Woolf et al.).
- Even excluding COVID-19 deaths, significant increases in death risk during 2020 were found for all US age groups, other than those 4 or younger. Hardest hit were men aged 15 through 64. (Jacobson and Jokela).
- During this era, some have become more skeptical of information, regardless the source, more hesitant to follow 'expert' advice, and more divided along these lines. COVID misinformation is associated with lower education and news consumption, higher internet use and trust in social media, and being male. (Filukova et al.).
- Political unrest, wars, gun violence, natural disasters, and climate catastrophes simultaneous to the global pandemic are compounding the human costs.
- While the increase started before the pandemic and is still below historical high rates, violence continues to escalate in 2021, with a 7% increase in aggravated assault, 22% increase in gun assaults, and 24% increase in homicides across the US by March. First

quarter burglary, larceny, robbery, and drug offense rates were lower than 2020, due to stay-at-home orders and business closures. An increase in motor vehicle theft may also relate to vehicles less secure at home. (Rosenfeld and Lopez).

To recover from the crisis, in which one third of people in the US show signs of anxiety and depression, and with what we understand of the different impacts on various groups, the Well Being Trust report "Supporting a Nation in Crisis..." (p 5) recommends a focus on mental health and addiction needs and especially on:

- Health professionals and first responders
- Youth and families
- Formerly incarcerated individuals reentering the community
- People with SUD
- Older adults
- Victims of partner violence, child abuse, and elder abuse
- People of color
- Undocumented immigrants

Given the threats related to state/federal funding and regulation of safety net and social service systems, and the risk of missing opportunities offered at that level, special attention to these populations is consistent with our findings.

Among the states, Illinois has some of the strongest privacy and Mental Health and Substance Use Parity laws, a Section 1115 demonstration waiver with behavioral health focus, and expanded Medicaid eligibility. However, the implementation of Managed Care has not been smooth, Integrated Health Home innovation has been on hold since 2019, Medicaid rates are low, and progress toward compliance with a variety of rules and consent decrees is very slow.

The lack of adequate local service capacity, largely due to the deepening workforce shortage, was another shared concern of our survey respondents and other informants. The workforce shortage and low provider capacity will be another threat to recovery across the country. According to the report, "Trends in Behavioral Health..." (Otsuka, p 27 and p 88, 2021):

- The US behavioral health workforce (all occupations combined) is 13% below that needed to provide adequate care;
- The 2018 turnover rate of I/DD staff was near 50%;
- In 2020 26% of I/DD agencies were more short-staffed than before, and many had left their positions due to COVID;
- This, along with decreased revenue related to stay-at-home orders, caused 68% of I/DD providers to close one or more service options; and
- Approximately 66% of addiction treatment providers also reported revenue loss in 2020.

While the pandemic has forced some deep issues to the surface and exacerbated others, positive change may result if appropriate action is taken.

- Flaws and inequities in the safety net and health systems are on full display.

- Expansion of telehealth and other remote supports should continue, and efforts made to lower the variability in access, usefulness, and positive health outcomes.
- Integrated care coordination was also accelerated and should continue.
- Collective trauma shines a light on mental health and may help reduce stigma.
- Acknowledgement of the 'essential' roles of the behavioral health and I/DD direct support workforce should lift advocacy efforts to improve pay and conditions.
- Increased community employment of persons with I/DD may lead to other community integration opportunities.
- The relationship between social connection and well-being is much clearer.

Vulnerabilities:

Among survey results, concerns about **housing and financial stability** accurately reflect some local vulnerabilities. People with limited resources are likely to encounter barriers to health care access, including for mental health supports. Financial insecurity itself is an indicator of mental distress. To make matters worse, pay has not remained competitive for much of the human services workforce associated with safety net and long-term supports and services, creating financial hardship for those providing care and treatment for people who have behavioral health conditions or intellectual/developmental disabilities. As a result, the **workforce crisis** deepens while the need for services grows.

The National Low Income Housing Coalition estimates an hourly wage of \$22.11 is necessary to afford a two-bedroom apartment in Illinois and \$18.58 for a one-bedroom. The average renter wage is \$18.23, and the median wage for all occupations is \$21.55. There is a shortage of affordable rental homes across the state.

- 44% of Champaign-Urbana and 47% of County households are renters.
- The estimated mean renter wage here is \$12.11, far below the state.
- The hourly wage needed for a two-bedroom apartment in Champaign County (at fair market rent of \$868) is \$16.69.
- If earning minimum wage, the renter would have to work 61 hours/week; if the mean renter wage, 55 hours/week.
- With minimum wage of \$11, the affordable rental amount is \$572/month.
- With monthly SSI payments of \$794, the affordable amount is \$238/month.

In 2020, United Way reported that 36% of Illinois households lack financial resources for basic survival. The U.S. Census Bureau (2019) estimated 11.9% of Illinoisans were living at or below poverty and that Champaign County's poverty rate was even higher: of 84,290 households, 19.9% met federal poverty guidelines, and another 24% were at or below the threshold for ALICE "Asset Limited, Income Constrained, Employed."

- Younger families were among the poorest. Where the head of household was aged
 - 25 or younger, 8,192 were in poverty and 2,441 ALICE;
 - 25-44, 4,829 in poverty and 6,896 ALICE;
 - 45 to 64, 2,782 in poverty and 5,431 ALICE; and
 - 65 and over, 887 in poverty and 5,385 ALICE.

- Champaign County's highest rates of poverty were among American Indian/Native Alaskan (though few in number) and Asian families, and highest rates of ALICE were among Black, Asian, and multiracial families.

From the US News & World Report "Healthiest Communities" County rankings:

- Lowest rankings are in Equity (28), Housing (28), and Community Vitality (25)
- Highest rankings are in Infrastructure (80), Population Health (70), Education (66), Environment (60), and Public Safety (59)
 - Population Health is strong due to: fewer people with no health insurance (6.2% compared to 10.6% national); lower smoking rate (17.5% compared to 21.1% national); and higher life expectancy (80.5 years compared to 77.5 national)
- Mental Health score of 73 is based on:
 - 12.9% of adults with frequent mental distress (12.6% state and 15.1% national)
 - Deaths of despair (34.6 in 100,000) comparable to state, lower than national
 - Medicare beneficiaries with depression (17%) similar to state, lower than national
- The low Equity ranking is based on educational, health, income, and social equity:
 - Neighborhood disparity and racial disparity in educational achievement are higher than national rates, and neighborhood disparity is higher than state
 - Air toxics exposure and premature death disparity index scores are higher than national, and premature death rate is higher than state
 - Neighborhood disparity in poverty is higher than national and state rates
 - Racial disparity in poverty is higher than national, lower than state
- Poverty rate of 20% is higher than national (14.2%) and state (12.5%)
- Households receiving public assistance income (2.4%) are higher than national (1.9%) and close to state (2.3%)
- The low Housing ranking is based on very low rankings in Housing Affordability and Housing Capacity. The greatest threats are in work hours needed to pay for affordable housing, affordable housing shortfall (-90.4 compared to national -62.3 and state -66.8), and overcrowded households (5% compared to national 1.9% and state 2.5%).

Children and Families

From Voices for Illinois Children interactive maps, using data from 2015-2019:

- 15.8% of Champaign County's children lived below poverty level, vs 17.1% statewide.
- This rate varied with race and ethnicity, with 31.9% of Black children and 19% of Latina/o children below poverty level in Champaign County, slightly below state rates.
- Champaign County's median household income (\$52,797) was lower than the state's (\$65,886), and much lower for Black households (\$31,395 County, \$38,573 State) and Latina/o households (\$42,578 County, \$55,836 State).
- Rates of children ages 3 and 4 not enrolled in school were lower for Champaign County, at 39.6%, than for the state, at 44%.
- 82.1% of Champaign County mothers received adequate prenatal care, compared with 78.8% statewide.

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- Champaign County's infant mortality rate of 9% was higher than the state rate of 5.6%. Statewide, the Black infant mortality rate was 11.4%.
- The percentage of Champaign County children (25.8%) living in households receiving Supplemental Security Income, cash public assistance, or Supplemental Nutrition Assistance Program benefits, was close to the state rate (25.5%).

The Illinois Early Childhood Asset Map offers data per county drawn from many sources (American Community Survey, state agencies, US Census Bureau, etc). For Champaign County, in the most recent year reported:

- In 2012, 381 children were in foster care.
- In 2019, 1.87% of kindergarten students were homeless. The state rate was 1.97%.
- In 2019, 24.82% of children birth to 5 were indicated victims of abuse or neglect. The state rate was 19.37%.
- In 2016, 19,083 children were enrolled in Medical Assistance Programs.
- In 2017, 700 children in preschool through 2nd grade had IEPs.
- In 2019, there were 389 enrollment slots for early childhood home visiting programs, and 234 children were enrolled in Early Intervention.
- In 2019, children birth to 5 in homes speaking English numbered 10,134, Chinese 682, Arabic 315, Spanish 296, Korean 195, Hindi 183, Urdu 89, German 75, and Unknown 49.
- In 2018, of limited English-speaking households, 0.81% spoke Spanish, and 3.53% spoke other languages.

Strengths:

Prior to 2020, Champaign County had been fortunate, with numerous social service organizations and resources.

- When the State of Illinois had no budget for two years, some regions lost critical provider capacities such as psychiatry and community-based long-term care, which are hard to reestablish when resources are again available. We suffered fewer losses.
- The 2021 County Health Rankings show Champaign among the healthiest counties in Illinois, with a better mental health provider rate than the state, though far less than top performing counties of the US. (University of Wisconsin Population Health Institute).
- Early Childhood partnerships, such as the Home Visiting Consortium, result in a system more prepared to meet the needs of very young children across the County.
- System of Care values are sustained by collaborations of providers focused on positive youth development. Pouring energy and resources into young people and their families may be the best way to ensure Champaign County's future health and wealth.
- With a culturally and linguistically diverse population, training and planning for appropriate and responsive healthcare and human services grows in relevance.
- Trauma-informed care and system training has been widely available in Champaign County, including for service providers, educators, neighborhood and faith-based groups, and law enforcement. This may give our community an advantage in collective recovery from collective trauma.

- Many peer support, family advocacy, and self-help groups exist, creating a foundation for more responsive care and reduction of the impact of stigma.

SURVEYS, PROCESS, AND FINDINGS

Primary data were collected through two surveys, one of service providers and the other of community members, and through quarterly report comments by representatives of funded agencies on how the pandemic has impacted their services, clients, and staff. Full results of each survey and funded agency comments are presented in **Appendices I, II, and III.**

Community Survey:

Overview

During the spring of 2021, CCDDDB and CCMHB staff designed a community needs assessment survey. Collection of community survey data began on June 8 and extended through August 20, 2021. With 24 questions, some optional and some long answer, this was a questionnaire style, self-administered survey available on the internet, in Spanish and English, and with paper copies distributed to interested groups. The process followed a cross-sectional research design, taking a snapshot of Champaign County residents at a single moment in time. 210 completed surveys, 12 of them in Spanish, were analyzed.

Characteristics of Survey Respondents

- **97%** of respondents live in Champaign County.
- Of those, **69%** live in Champaign, **28%** in Urbana, and **3%** Other.
- **34%** have a mental health concern, **9%** an I/DD, **8%** a substance use disorder, and **6%** don't know or prefer not to say. **48%** report having none of these.
- **49.5%** of respondents care for a family member or friend.
- **68%** have tried services.
- **95%** have access to the internet.
- **71%** live 'on my own in my own place', **17%** with others, **12%** miscellaneous/no answer.

GENDER	#	%
Female	151	72%
Male	48	23%
Non-binary	3	1%
Prefer not to say	3	1%

RACE/ETHNICITY	#	%
White	131	62%
Black/African American	39	19%
Latino/a/Hispanic	17	8%
Biracial/Multiracial	4	2%
Miscellaneous or no response	19	9%

AGE, BY RANGE	#	%
18 and younger	2	1%
19-24	8	4%
25-34	36	17%
35-44	67	32%
45-54	33	16%
55-64	37	18%
65-74	16	8%
75 and older	6	3%

EDUCATION COMPLETED	#	%
Grade School	4	2%
Junior high/middle school	3	1%
Some high school, no diploma	3	1%
High school diploma or equivalent	31	15%
Some college courses	42	20%
Certificate/technical degree	6	3%
Associate degree	15	7%
Bachelor's degree	41	20%
Master's degree	46	22%
Doctoral degree	7	3%
Professional certification or licensure	5	2%

Reminiscent of survey results informing the current IPlan, the most representative respondent would be a white woman who has a Master's degree, lives alone in the City of Champaign, is aged 35 to 44, does not have an MI, SUD, or I/DD, has tried services (possibly on behalf of someone else), and has access to the Internet. As shown below, she does not rely on or need public benefits or housing support and receives information primarily through email.

Findings

The following tables collect themes and responses to the survey, listing in order of frequency all which were identified in greater than 5% of responses. Full results, including narrative answers to open-ended questions, are presented in **Appendix I** of this report.

What do you like about life in Champaign County?

No Answer:	59 (28%)
Opportunities:	39 (19%)
Rural Setting:	32 (15%)
Diversity:	19 (9%)
Community:	19 (9%)
Quiet/Tranquility:	16 (8%)
College:	14 (7%)

What do you NOT like about life in Champaign County?

Gun Violence/Unsafe:	95 (45%)
Misc Dislikes:	33 (16%)
No Response:	22 (10%)
Nothing:	16 (8%)
Lack of MH Resources:	14 (7%)

Mental Health Services, Supports, or Resources Known to Respondents

Rosecrance:	44 (21%)
Pavilion:	37 (18%)
Carle:	28 (13%)
Don't Know:	27 (13%)
Private Therapists:	16 (8%)
DSC:	12 (6%)
OSF:	12 (6%)

Substance Abuse Services, Supports, or Resources Known to Respondents

Rosecrance:	54 (26%)
Pavilion:	32 (15%)
Carle:	18 (9%)
NA:	16 (8%)
AA:	13 (6%)
Don't Know	12 (6%)

Intellectual/Developmental Disabilities Services, Supports, or Resources Known to Respondents

DSC	59 (28%)
Don't Know:	30 (14%)
Community Choices:	19 (9%)

Services, Supports, or Resources which Should be Added, to Help More People

- | |
|---|
| <p>Mental Health Services:</p> <ul style="list-style-type: none"> • Walk-in clinics • Shorter or no wait times • More psychiatrists • Free, or more affordable, services • More in-patient options and case management • More emphasis on youth and young adults <p>Substance Use Disorder:</p> <ul style="list-style-type: none"> • Free or more affordable services • More in-patient options and case management • More emphasis on youth and young adults <p>Intellectual/Developmental Disabilities</p> <ul style="list-style-type: none"> • More options including for those with Autism • More options for adults and their families • Mentoring by those with I/DD for those with I/DD |
|---|

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- More vocational opportunities
- Housing/Homelessness:**
- More shelters
 - More affordable housing options
 - More transportation
 - Better support system and available mental health services
 - Supportive housing
- Miscellaneous:**
- More bi-lingual service options
 - Increase community outreach

Preferred Methods for Receiving Information

Email:	139 (66%)
Cell:	99 (47%)
Social Media:	67 (32%)
Postal Mail:	41 (20%)
Radio/TV:	39 (19%)
Friends/WOM:	36 (17%)
In-Person:	34 (16%)
Newspaper:	29 (14%)

Benefits or Services in USE, not Related to MI, SUD, or I/DD

None of the listed:	80 (38%)
Medicaid:	70 (33%)
Medicare:	55 (26%)
SNAP:	52 (25%)
SSI/SSDI:	35 (17%)
Food Pantries:	28 (13%)
Legal Services:	11 (5%)
Planned Parenthood:	10 (5%)
Not Sure:	7 (3%)

Benefits or Services NEEDED, not Related to MI, SUD, or I/DD

None of the listed:	99 (47%)
Legal Services:	24 (11%)
SNAP:	23 (11%)
Medicaid:	22 (10%)
Section 8:	21 (10%)
Not Sure:	21 (10%)
SSI/SSDI:	17 (8%)
Food Pantries:	16 (8%)
Medicare:	13 (6%)

Which of the following are important to you?

Family:	162 (77%)
Friends:	146 (70%)
Leisure:	146 (70%)
Loved One:	142 (68%)
Employment:	137 (65%)
Parks:	113 (54%)
Pet:	101 (48%)
Exercise:	100 (48%)
Education:	97 (46%)
Worship:	92 (44%)
Socializing:	89 (42%)
Volunteering:	59 (28%)
Civic:	55 (26%)

Housing Related Needs, not Specific to MI, SUD, or I/DD

None:	84 (40%)
Safe Neighborhood:	50 (24%)
Repairs:	47 (22%)
Affordable Housing:	28 (13%)
Rent/Mtg Assistance:	24 (11%)
Utilities Assistance:	21 (10%)
Accessible Housing:	19 (9%)
Safe Home:	18 (9%)
Help:	9 (4%)

Relational Analysis

Due to low total responses, this approach was not likely to yield insights, but it was attempted anyway and may offer clues for future surveys. Because 76% of respondents were from the Cities of Urbana and Champaign, certain responses are sorted by City, with very similar results:

	City of Champaign	City of Urbana
# Respondents	105	50
Likes	No Answer/Don't Like/Cited the Past – 24% Opportunities – 19% Rural Setting – 14% Community – 13% Diversity – 11% University – 10%	No Answer/Don't Like/Cited the Past – 33% Diversity – 16% Community – 13% Opportunities – 13% Rural Setting – 9%
Dislikes	Gun Violence/Unsafe – 45% No Response – 24% Lack of Services (MH/SA/DD) – 7%	Gun Violence/Unsafe – 44% No Response – 18% Lack of Services (MH/SA/DD) – 7%
Concerns	No Concerns – 52% MH – 30% I/DD – 10% SUD – 9%	No Concerns – 49% MH – 40% I/DD – 9% SUD – 5%

Tried Services	Yes – 61%, No – 39%	Yes – 75%, No – 25%
Internet	Yes – 94%, No – 6%	Yes – 98%, No – 2%
Gender	Female – 71%, Male – 26%, No Answer – 3%	Female – 75%, Male 20%, Non-binary – 4%, No Answer – 2%
Race	Black – 21%, White – 59%, Hispanic – 10%, Other – 9%	Black – 20%, White – 65%, Hispanic – 7%, Other – 7%
Age	<18 – 1% 19-24 – 5% 25-34 – 20% 35-44 – 28% 45-54 – 14% 55-64 – 21% 65-74 – 9% 75 and older – 1% No Answer – 2%	<18 – 0 19-24 – 4% 25-34 – 20% 35-44 – 31% 45-54 – 16% 55-64 – 15% 65-74 – 7% 75 and older – 5% No Answer – 2%

Sorting Gender by Age Groups and Race by Age Groups showed few differences per City.

The largest groups of respondents by Race were White (60%) and Black/African American (18%), and with secondary sources pointing to important racial disparities in our community, sorting responses regarding the community's strengths and vulnerabilities may be of interest:

	Black/African American	White
# Respondents	37	127
Likes	Opportunities – 27% Don't Like/Cited the Past – 19% No Answer – 16% Family Nearby – 11% Community – 11%	No Answer – 25% Opportunities – 20% Rural Setting – 13% Community – 11% Parks – 9%
Dislikes	Gun Violence/Unsafe – 41% No Response – 14% Lack of Opportunities – 14%	Gun Violence/Unsafe – 49% No Response – 19% Lack of Resources – 9%
What Should be Added to Help More People?	Youth programs/opportunities – 27% Don't know/none – 22% Homeless Shelters – 11% Mental Health Services – 11%	Mental Health Services – 35% (10 noted Psychiatric Services) Youth programs/opportunities – 9% I/DD Services (incl for Autism) – 9% SUD Services – 8% (4 noted Detox)

Focus Group:

Planning

Prior to assembling the focus group, CCMHB/CCDDB staff met with each of Dr. Anita Say-Chan, UIUC Community Data Clinic, Chaundra Bishop, Regional Health Plan Coordinator, CUPHD, and Victoria Cisneros, Consultant, to discuss the process and expectations for listening sessions, focus groups, and surveys. The Associate Directors began recruiting community members for a focus group by reaching out to agencies with self-advocates or peer supporters. We received

several responses from individuals interested in participating in the development of our Community Needs Assessment survey. The group consisted of 7 members with various backgrounds; diversity in age, gender, race/ethnicity, physical ability, and other background factors was favored in the recruitment. Once the group was assembled, they held two two-hour sessions on Zoom, due to COVID restrictions. During the sessions, there were key areas which helped shape the survey. These centered around: Quality of Life, Community Assets, and Community Concerns and Needs.

Participants

Representatives from DSC (3), Community Choices (2), CU Trauma & Resiliency Initiative (1), FirstFollowers (1), and a Champaign County resident/parent of children attending Unit 4 Schools. Also present were Chaundra Bishop, Victoria Cisneros, Leon Bryson, and Kim Bowdry.

Quality of Life

Factors most consistently highlighted as important to participants' quality of life included:

- Access to healthcare
- Access to quality and affordable housing
- Social interaction (how to make friends/communicate)
- Safety/Security in neighborhoods
- Financial security
- Education/opportunities for children's success
- Dignity, respect, and acceptance

Participants' own words:

Lower income rentals are usually in slum condition and not being addressed correctly – it's not an excuse to keep the rent low. If the rent is in the \$500 range, you are in a dangerous part of town. Things are broken down and not fixed. People should have access to decent housing.

- *Participant is an Outreach Specialist*

A lot of slumlords. Moving to a place across from a high school, constantly contacting the landlord to get him to do the things that she's already asked him to take care of... I had to help a neighbor to advocate for herself because she didn't know how to do it.

- *Participant is the parent of an Autistic teenager*

Community Assets

Focus group members recognized that specific people and organizations, or types of people and organizations, were community assets as well, such as advocates who help people navigate systems and those agencies that provide some sort of necessary social support. Specific agencies mentioned included the YMCA Swimming group, Cunningham Township, Healthcare Consumers & Courage Connection. Participants identified a few strengths and resources that they valued in their communities.

- Recreational Centers
- Social Service Grant Programs

- Disability Services

Participant's own words:

DSC has resources that can help with supporting people with Autism and disabilities, and other community places have resources.

- *Participant works at DSC*

Community Concerns

There were common concerns noted across the group. Factors most consistently highlighted as important to *participants' community concerns* included:

- Crime and violence
- Transportation and direct service line routes
- Access to the Internet and Technology in rural community
- Lack of Black and Brown businesses
- Inadequate employment opportunities

Participants' own words:

Approximately only 100 minority-owned businesses, most of those are owned by white women. You should have about 7% African American owned businesses when the population is 14% African American; you should see these types of businesses in the community – this has a lot to do with the youth now, food desserts, not taking care of the North End.

- *Participant is an Outreach Specialist*

Understanding what resources are available, having business plans available, understanding how to start and maintain businesses, how to get loans, what banks are the best to get loans. Need for support system in Champaign to help them do what they are trying to do.

- *Participant is the parent of an Autistic teenager*

Dangerous crime areas – lost two police officers. There needs to be a community discussion with law enforcement. If they could step up the patrols in those areas that would help. Whole BLM movement puts a different spin on things. We need to put our trust in law enforcement.

- *Participant works at DSC*

The crime is all over Champaign County. The gun violence is in limited areas. Champaign County is still a pretty safe community to live in, but we hope the violence calms down.

- *Participant is a retired Teacher's Aide*

We need activities, but we know that more patrol doesn't work. These issues have to be looked at from the community; we need wraparound services. We need preventive measures. We can't wait until after the shooting happened. We need mentorship.

- Participant is an Outreach Specialist

I live with parents on a farm. I like it, and it works for now. I am concerned that other people might not have as good of a situation as other people, and they may have been forgotten about. Transportation – not as easy for others living in the country, the weather is also an issue. Do those people have enough food, heating? Technology concerns – iPhones or laptops to facilitate communication purposes – training on Zoom, email, etc. Home living supports – training for daily living or in need of an aide. Having access to technology and internet in rural areas is a problem.

- Participant has Autism, lives in rural Champaign County, and is a Community Choices and DSC participant

Community Needs

- DARE for people with and without disabilities, starting in elementary schools
- Peer support-to prevent bullying situations, misunderstandings, or preventing being taken advantage of
- More plain clothed police officers
- Access to medical health care
- Healthier grocery stores
- Crime Prevention services

Participant's own words:

Social interaction missing, beyond skill streaming, I never had a mentor growing up in school. I now mentor a student in high school. I've always struggled with social interactions with teachers and friends who don't understand how I understand things. I still struggle with interactions with people, being able to recruit people for important things, like encouraging people to get involved with leadership and advocacy.

- Participant is a CC Leadership & Advocacy Co-facilitator

Community Survey Distribution:

With the focus group's input, and after comparison with the upcoming Community Health Needs Assessment which will support future health plans, a final version of questions was created in a Google survey and the link shared broadly. A Spanish language version of the google survey was also available.

- Mental Health and DD Agencies Council and Human Services Council
- CU Trauma & Resiliency Initiative working group; Senior Task Force; Champaign County Community Coalition; Birth to 6 Council and Local Interagency Council; Crisis Intervention Team Steering Committee; Reentry Council; Continuum of Service Providers to the Homeless; School of Social Work Community Learning Lab; and Disability Resource Expo Steering Committee

- I/DD providers: Al Ryle Company, LifeLinks, CU Able, CC Down Syndrome Network; CU Autism Network; The Autism Program at UIUC; Individual Advocacy Group; Piatt County Mental Health Center; RPC Independent Service Coordination Unit; DSC CILA and Employment programs
- MH support groups: NAMI; Depression & Bipolar Support Alliance; GROW in Illinois
- Representatives of other systems: Juvenile Detention Center; Sheriff's Office and Jail; New American Welcome Center Health & Well-being Working Group; Cunningham Township Supervisor's Office; Champaign Township Supervisor's Office; United Way of Champaign County; Champaign County Farm Bureau; Housing Authority of Champaign County; Carle Behavioral Health; Carle Pediatric Department (Windsor in Urbana); the Pavilion; OSF Community Resource Center; Board of Health; CU Public Health Department; Youth Assessment Center; Division of Rehabilitation Services; Workforce Innovation and Opportunity Act office; and local school district representatives
- Focus group participants and members of the CCMHB and CCDDDB
- Faith community: First Baptist Church of Savoy; Windsor Road Church; Fellowship Baptist District Association; Interfaith Alliance-CU Vicinity; Angel's Youth Center; CU at Home; Church of the Brethren; Community United Church of Christ; First Mennonite Church; Unitarian Universalist Church; Channing-Murray; Salvation Army; Faith United Methodist Champaign; Mount Olive Baptist Church; St. Luke CME Church; CU Church; The Hope Center at Vineyard; First United Methodist Urbana; Berean Covenant Church; Bethel AME Church
- Garden Hills Neighborhood Group; Rita Conerly; HitNHomeboy; Hayes HV&T
- Earned Media: The CCMHB/CCDDDB Executive Director did brief interviews with WCIA and WAND television; links to the online survey (English and Spanish) were included in the web versions of each interview.
- Social Media: Allison Boot, Consultant, promoted the survey through Alliance for Inclusion and Respect and Disability Resource Expo Facebook, Instagram, and Twitter pages. CCMHB/CCDDDB staff shared it through personal social media networks.

Of those contacted by email, one recipient strongly suggested this may not be the ideal way to learn about the opinions and concerns of all community members. This reinforced our commitment to efforts described below, to reach people more directly. Some who spoke to our team had similar reservations about surveys.

Paper copies of both the Spanish and English questionnaires were delivered to nine food pantries, five libraries, and a drop-in center for people without permanent housing.

- Broadlands Food Pantry; Community Services Center of Northern Champaign County; Jubilee Café; Newman Shares on UIUC campus; Restoration Urban Ministries; Salvation Army Pantry; St. Patrick's Food Pantry in Tolono; UniPlace Christian Church Food Pantry & Hot Dinner on UIUC campus; Windsor Road Christian Church
- Four food pantries did not return our calls; two declined to receive surveys; four other food pantries were not open often enough to allow for completion and return of surveys; one more was not open when surveys were delivered

- Public libraries in Champaign, Urbana, Mahomet, St. Joe, and Ogden
- DSC for Community Living participants and CILA residents
- CU at Home for Phoenix Center visitors to discuss and complete
- Pediatric office patients and families

Partners' own words:

The people coming to our food pantry are struggling financially, they don't have the types of needs that you are trying to reach with your survey. They can all drive.

- *Partner runs a food pantry at a church*

As you know, there's a huge Spanish-speaking population. And I know individuals and families don't often reach out for services, because it's not part of their culture and because of the digital divide, as well as the language barrier. I think, in the future, if the survey could be put in another language or two (I'm thinking French), that would be really helpful... Another thought, maybe for the future, would be to put a flier or something in Spanish, at the Latino grocery stores. I think there are about four in town...

I don't know if anyone in the deaf community would be interested in the survey. I don't think I can really get it out to appropriate people with the time that's left, but you might put it on the list for next time. PACE has connections with an active deaf community...

- *Partner is a disability rights advocate*

Country Brook Apartments Complex

The Associate Director for Mental Health and Substance Use Disorders traveled with two Program Managers of the Don Moyer Boys & Girls Club to the Country Brook Apartment Complex (CBA) to administer the Community Needs Assessment survey to residents. The CBA is a 150-unit Section 8 Family/Section 42 property located in west Champaign. The targeted area was a lower income neighborhood that continues to experience the effects of violence, trauma, and mental health and substance abuse challenges. An important goal of the canvassing effort was to empower residents to take a stronger role in speaking out about the strengths and needed services in their community. Since the desire was for a high participation rate and validity of results, the team chose to conduct door-to-door interviews. The surveys were administered during the daytime. The team randomly knocked on doors to generate participation. Approximately twenty residents filled out the survey. All were African American, and 95% were African American females. The other 5% identified as African American male. Once the residents completed the surveys, some decided to talk more about their environment and what is going on in Champaign County.

Respondents' own words:

This place is always bad around here with the violence and shootings going on. But these past few days have been good.

- Respondent is a single mother of three

I don't like Champaign because there is nothing to do for kids.

- Respondent is a single mother of two

I'm glad I have Section 8. I don't know about any mental health services. I only know you can go to the hospital or Rosecrance if you need help with alcohol and drugs.

- Respondent is married with three children

The Police need to do a better job with driving around and getting these guns off the streets. I know a lot of people who have been murdered for stupid reasons. That's why I got to get out of here. Nobody is safe here.

- Respondent is a single male

After the survey, what's changes gonna happened?

- Respondent is a mother of one

There were many residents who declined the survey for various reasons:

- Don't have the time
- Too many surveys administered in the area
- Not interested
- Too long and asking too much
- Unsure of the person knocking on their door

Shadow Wood Mobile Home Park

The Associate Director for MH/SUD and a Spanish-speaking Program Manager for Don Moyer Boys & Girls Club traveled to the Shadow Wood Mobile Home Park (SMHP) to administer surveys to the residents. Shadow Wood Mobile Home Park is located on the North end of Champaign, just south of Interstate 74. The team set up a survey table at the entrance of the park for the greatest results of respondents. Approximately 10 respondents, all Spanish-speaking between the ages of 25-64, filled out the Spanish version of the survey with assistance from the Spanish-speaking Program Manager.

Once the surveys were completed, the team debriefed the event. The Program Manager reported that all the respondents live below the poverty line, and many worked odd jobs to support themselves. All respondents relocated from other parts of the US and from Latin countries found living in the mobile park/Champaign peaceful and stress-free. When asked about supports or resources that should be added to our community to help more people, nearly all the residents said there need to be more religious services available. Only one respondent was familiar with substance abuse services in Champaign County. None of the respondents were familiar with intellectual/development disabilities services. When asked about using food pantries, only three reported taking advantage of free food when it is brought to the mobile park.

Service Provider Survey:

Overview

Champaign County's service providers have steadily shared insights with the CCDDDB and CCMHB and their staff, which became even more critical during the global pandemic. A brief survey was designed to seek their perspective on the service systems and the community generally. Questionnaire-style and self-administered, the survey included eleven optional and long-answer questions and was developed as a result of discussions during meetings of the CCMHB and CCDDDB. The purpose was to understand community assets and threats from the perspective of those within the system. The link to this online questionnaire was available through August and distributed through email groups:

- Mental Health and Developmental Disabilities Agencies Council
- Human Services Council
- CU Trauma and Resiliency Initiative Working Group
- United Way of Champaign County
- Champaign County Special Education Staff
- Unit 4 and Unit 116 staff
- Individual Advocacy Group (CILA provider)
- CU Public Health District

Findings

Of 27 online surveys completed, many with questions left blank, the most frequently mentioned threats and barriers to care were:

- Mental health needs not met due to lack of: insurance/affordability, providers, school-based services, in-home services, senior services, or bilingual services (20)
- Loss of employment and not enough services for gaining employment (10)
- Overlapping with the above were lack of providers who bill Medicaid/Medicare, long waiting lists to see them, and related stigma (9)
- Homelessness, housing instability, housing for people with substance use disorders (8) and for those with I/DD (4)
- Lack of resources and information was a barrier to care for MH (7), I/DD (6), and SUD (8)
- High cost of services was a barrier to care for MH (7) and SUD (4)
- Other barriers: long waiting lists for MH (6), stigma about MH (5), and not enough staff in both the MH and I/DD systems (5)
- Of other concerns about life in Champaign County, gun violence topped the list (4)

There were fewer responses and less agreement regarding community strengths. The following were identified as assets or as adequately addressed:

- Enough mental health counselors, therapists, clinicians, providers (9), support for acquiring insurance (3), peer support groups (2), inpatient and employment services (1 each), and treatment options for schizophrenia, depression, and anxiety (1 each)
- (4) respondents felt I/DD care was adequate, (2) specified employment supports, and (1 each) mentioned adequate integration, leisure/recreation, access to services, and support for depression among those with I/DD.

- Few responses relate to adequate care for SUD: enough sober living homes/housing; enough rehab/counseling for those who have insurance; adequate treatment; adequate prevention; adequate inpatient; and needle exchange (1 each)

Full responses are found in **Appendix II**, and while some providers may be less aware of other types of service, these qualitative data tend to reinforce results from the full survey. In addition, throughout 2020 and 2021, funded agencies have shared observations about the impacts of the global pandemic on their services, people served, and staff (e.g., provider burnout). The most recent of these observations are available as **Appendix III**.

MENTAL HEALTH DATA

Community survey respondents had more to say about mental health needs than the other categories and would most like to see the following supports added:

- walk-in clinics
- shorter or no wait times
- more psychiatrists
- free, or more affordable, services
- more in-patient options and case management
- more emphasis on youth and young adults

Service provider survey respondents also noted unmet mental health needs related to:

- insurance and affordability, lack of providers, or the need for specialty (school based, in home, senior, or bilingual) services
- lack of Medicaid/Medicare providers, long wait lists, and stigma
- lack of resources and information about MH resources

Consistent with Champaign County's Health Rankings (see Operating Environment above), some noted that we have enough of certain types of mental health providers. Still the dominant theme of unmet mental health needs in this community is appropriate given national and state evidence before and during the pandemic. Recent corroborating local findings follow.

The Champaign County Regional Planning Commission conducted a community needs assessment survey during Summer 2021 to assist in Social Services planning.

- Over 60% of "client" respondents indicated needing assistance with dealing with stress, depression, or anxiety.
- 66.67% indicated they wanted to learn how to help their children cope with stress, depression, or emotional issues.
- Of "Community" respondents, almost 70% believe that mental health services are among the top needs of low-income households.
- A majority of "Agency" respondents believed there are a sufficient amount of childcare programs for families. One mentioned that there was not enough AFFORDABLE childcare in Champaign County.

The United Way of Champaign County conducted a community needs assessment survey early in 2021 to support Community Impact strategic planning and funding decisions.

- The top 3 issues from ALL respondents were: child abuse and neglect; basic needs; and behavioral healthcare/mental healthcare.
- When sorted by demographics, the non-white respondents also indicated behavioral healthcare/mental healthcare in a tie for third.
- When presented with 4 choices related to Health - healthy lifestyles, community safety/violence prevention, access to behavioral/mental health treatment and innovation in healthy food accessibility - community safety/violence prevention ranked highest at 55.53%, access to behavioral/mental health treatments second at 27.58%.

Champaign County's New American Welcome Center (NAWC) engaged in a community needs process which also included surveys and focus groups:

- 42% of respondents selected healthcare services as a source of stress
- 25% of respondents noted "feeling depressed or down at times"
- 10% preferred not to say
- In listening sessions with community members from Central West Africa and Latin America, depression and mental health were identified as issues.

While the full report is not yet available, results of our surveys echo that these mental health needs are not being met, with language access an identified issue. 2020 Census data indicate growth in Champaign County's immigrant population, so the NAWC's findings will be useful in our own planning, highlighting the need for Cultural and Linguistic Competence training and for healthcare system navigators and service providers who use languages other than English.

Mental Health Crisis Meets Public Health Crisis:

Prior to COVID, increased rates of diseases of despair and related deaths, including from suicide and drug overdose, were found even among groups of people who had not been so deeply affected previously. With what is known from prior global pandemics, many predicted increases in mental health concerns, whether the direct long-term consequence of physical illness or as a consequence of prolonged stress, financial instability, overwhelming grief, or collective trauma.

Pre-COVID data of interest for Champaign County from the 2021-2023 Community Health Plan:

- The 2018 suicide rate of 12.9 per 100,000 people was higher than the state rate (10.3) and lower than national (13.4) (CUPHD et al., p. 24)
- Of gun-related deaths in 2019, 13 were suicide and 6 homicide. (p. 28)

From The State of Mental Health in America 2021 report, rankings, and prevalence data:

- Prior to COVID:
 - There had already been increases in the prevalence of MI (to 19%) and suicidal ideation among US adults.
 - Unmet mental health treatment needs were very high across the country, with 60% of youth with major depression receiving no treatment, and 23.6% of adults with a mental illness reporting an unmet need.

- By September 2020:
 - There had been a 93% increase over 2019 totals of people completing the anxiety screen, and a 62% increase in depression screens;
 - 80% of those screened scored moderate to severe anxiety or depression, and 70% of them cited loneliness in the top three causes;
 - By age, the group most likely to score moderate to severe were youth 11-17;
 - By race, the highest average rates of change for anxiety and depression were among Black/African American screeners.
 - Reports of thoughts of suicide and self-harm reached record levels, with 37% suicidal, higher rates among youth, even higher among LGBTQ+ youth; and
 - By race, the highest average rates of change for suicidal ideation were among Native American/American Indian screeners.
- By 2021:
 - Severe depression had reached 9.7% among US Youth, with the highest rate (12.4%) among those youth identifying as more than one race.
 - The US rate of uninsured adults with mental illness had increased (to 10.8%) for the first time since the Affordable Care Act.
 - Illinois ranks 11th of all states for adult mental health and 36th of all states for youth mental health. Each ranking is based on seven measures.
 - For prevalence of MI, Illinois ranks 19th, for access to care, 28th, and overall, 22nd.
 - The prevalence rate for any MI in adults is 18.06% in IL and 19% in the US.
 - Rate of serious suicidal thoughts among adults is 3.87% in IL and 4.34% in the US.
 - Rates of youth with a Major Depressive Episode are 14.86% in IL and 13.84% US, and for Severe Depressive Episode, 11% in IL and 9.7% US.
 - The prevalence rate for any SUD in adults is 8.16% in IL and 7.67% in the US.
 - The prevalence rate for any SUD in youth is 4.04% in IL and 3.83% in the US.
 - Rate of students with Emotional Disturbance on an IEP is 10.19% in IL and 0.757% in the US. (In this case, high rates are associated with better outcomes.)

As noted in the Operating Environment section above, Champaign County is fortunate to have a relatively high ratio of mental health providers and a low uninsured rate, but the difficulties people have in securing benefits, navigating the healthcare system, and finding providers who accept Medicaid are among key findings of our primary data collection.

The increased national focus on trauma, anxiety, depression, and deaths of despair creates an unprecedented opportunity to challenge the stigma associated with mental illness and addiction and to eliminate the disparities in behavioral healthcare. Reliable information about causes, symptoms, prevention, and treatments may be more welcomed than ever and may result in better understanding and compassionate care.

Disproportionate Impacts:

Life Expectancy

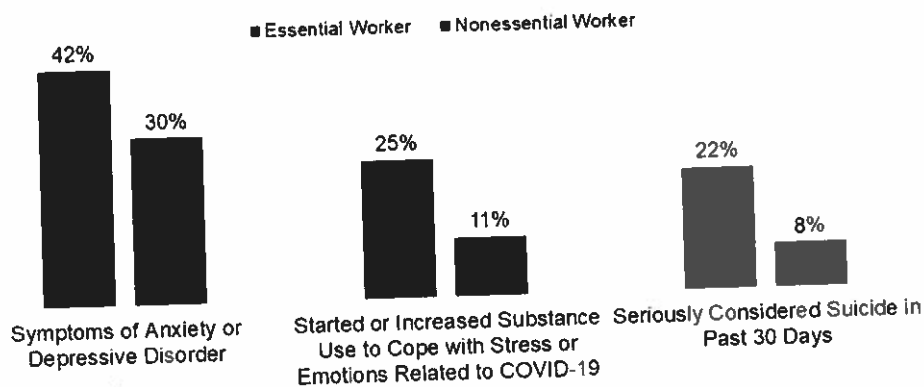
In addition to the unfavorable changes in life expectancy noted in 2018 and during the pandemic, with disproportionate ethnic and racial impacts, people with serious mental illness had already an average life expectancy 25 years lower than that of the general population and largely due to preventable conditions, including access to healthcare. (NASMHPD, p 5).

Behavioral Health Workforce

People performing 'essential work' during the pandemic reported higher rates of mental distress as a result. Providers of behavioral health and other social services are included in this category. During monthly meetings and in quarterly service reports from funded programs, local service providers noted many negative impacts of the new stressors.

Figure 8

Among Essential and Nonessential Workers, Share of Adults Reporting Mental Distress and Substance Use, June 2020



NOTES: Data is among adults ages 18 and above. Essential worker status was self-reported.
 SOURCE: Czeisler ME, Lane RJ, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>



(Panchal et al.).

Residents of Rural Areas with Limited Services

People living in rural communities have had decreasing access to mental health services for some time, though the expansion of telehealth during the pandemic may have provided some relief, as long as those communities were 'connected' and residents were ready with devices.

Approximately 7.3 million nonmetropolitan adults reported having any mental illness (AMI) in 2018, accounting for 21.2% of nonmetro adults. In addition, nearly 1.6 million, or 4.8%, of adults in nonmetropolitan areas reported having serious thoughts of suicide during the year. While the prevalence of mental illness is similar between rural and urban residents, the services available are very different. Mental healthcare needs are not met in many rural communities across the country because adequate services are not present.

(Rural Health Information Hub)



Rural Health Clinics may be reluctant to start providing mental health services when reimbursement rates are low. In addition, high no-show rates among mental health clients and high numbers of uninsured patients further exacerbate the issue.

(Gale et al.).

Racial and Ethnic Minority Groups

There is evidence of other deeply uneven impacts of COVID-19, especially felt by members of racial and ethnic minority and immigrant groups. Black, Indigenous, and Hispanic/Latino people, reported higher levels of anxiety, depression, and suicidal ideation, as noted above. Making matters worse, prior to COVID, these groups had already been less likely to be able to access or benefit from appropriate care.

From The Center for American Progress report on "Health Disparities by Race and Ethnicity"

- In 2017:
 - Black/African Americans had lower rates of health care coverage than whites (89.4% versus 93.7%, 44.1% had government health insurance, and 12.1% under the age of 65 had no coverage.
 - 83.9% of Latino/a/Hispanic US residents had health care coverage, 39.5% had government health insurance, and 20.1% had no health insurance.
 - Asian Americans had a higher rate of coverage at 92.7% and lower rate of government insurance (29.6%).
 - 66.9% of Native Hawaiian/Pacific Islanders had private and 33.5% government health insurance.
 - 14.9% of American Indians/Alaska Natives were uninsured.
- In 2018:
 - 8.7% of Black/African Americans received mental health services, compared to 8.8% Latino/a/Hispanic, 6.3% Asian Americans, 10.9% Native Hawaiians/Pacific Islanders, 14.1% of American Indian/Native Alaskans, and 18.6% White.

Disparities are deepened by the economic disruption:

The economic downturn and staggering job losses due to the pandemic have resulted in lost health insurance, financial instability, food insecurity, and loss of housing among those lacking the safety net of savings and family resources. The median net worth of white families (more than \$170,000) is nearly 10 times higher than black families (less than \$20,000), and black households have been hit harder by downturns, whether in 2008 or currently. These stresses and losses increase the risks of depression, anxiety, substance use, and suicide, as well as poor physical health.

(Gibbs et al.).

Disproportionate COVID death rates among Black/African Americans cannot be attributed entirely to high prevalence of risk factors such as diabetes and hypertension. Factors such as higher presence in 'essential' front line jobs, disproportionate environmental risk factors, and discriminatory institutional practices have contributed. (Sawani and Malcom).

Young People

The 2020 Illinois Youth Survey includes responses from students of nine schools, all grades, across Champaign County, though the majority of respondents reside in the City of Champaign. 48% were eligible for free or reduced lunch.

- Of 12th graders, 45% had experienced depression, and 20% had considered suicide.
- 25% experienced any type of bullying, 21% bullied due to disability or appearance and 17% due to race, religion, or sexual orientation, and 5% experienced every type.
- Of 10th graders, 48% had experienced depression, and 20% had considered suicide.
- 35% experienced any type of bullying, 23% due to disability or appearance and 22% due to race, religion, or sexual orientation, and 5% experienced every type.
- Of 8th graders, 40% had experienced depression. The suicide question is not asked.
- 47% experienced any type of bullying, 48% experienced bullying due to disability or appearance, and 6% experienced every type. Race question is not asked.
- For all three grade levels, the most prevalent type of bullying was name-calling, then cyber-bullying, then threats of violence, then violence (hitting, kicking, pushing).
- For all three grade levels, 5% reported an experience of violence in a dating relationship.

All of these 2020 findings, other than cyber-bullying of 8th graders and dating violence among 12th graders, were higher rates than statewide in 2018. They reflect the increased negative impacts on youth mental health described above for the US and Illinois.

SUBSTANCE ABUSE DATA

Community Survey respondents indicated adding these would help people with SUDs:

- free or more affordable services
- more in-patient options and case management
- more emphasis on youth and young adults

Service Provider Survey respondents noted these barriers related to SUD:

- homelessness, housing instability, not enough housing for people with SUD
- lack of resources and information about SUD resources
- high cost of services

Respondents mentioned the following once each, as adequate for the local need:

- sober living homes/housing
- rehab/counseling for those who have insurance
- treatment, adequate prevention, and inpatient services
- needle exchange

Although fewer comments in either survey related to SUD, there is evidence that Champaign County's unmet SUD treatment needs have increased in recent years, as has related loss of life.

According to the Illinois County Behavioral Risk Factor Survey, Round 6 (2015-2019), 20.6% of County residents were at risk for binge drinking and 6.8% for heavy drinking. For the previous

five-year period, fewer were at risk for binge/acute drinking (13.9%) and for chronic drinking (2.3%). (IBRFSS).

The Champaign County Community Health Plan 2021-2023 data on local SUD-related deaths prior to 2020, greatly increased for alcohol-related:

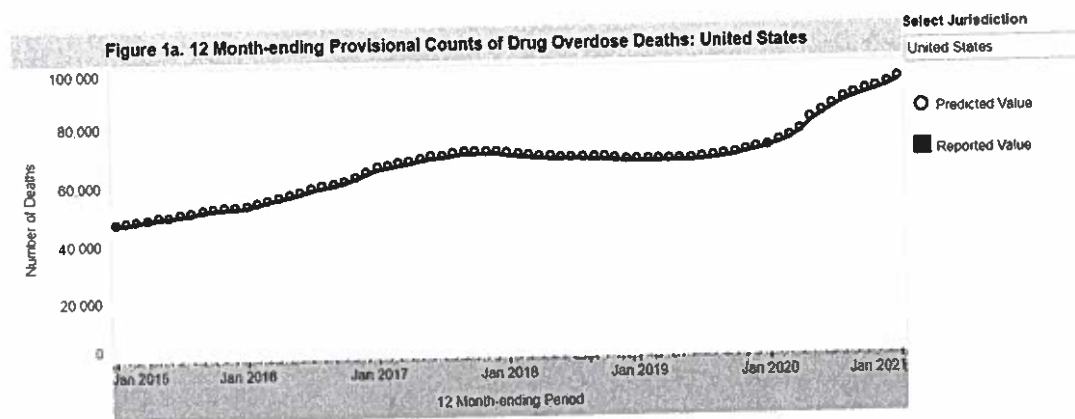
- Alcohol-impaired driving deaths more than doubled since 2015, to 32%, higher than state and national rates. (CUPHD, p 24).
- From 2015 to 2019, there were 198 drug-related deaths of Champaign County residents; 71% were white, 27% Black; >71% were male, 29% female; and ages ranged from 11 days and 73 years. (p 27).
- Opiates were the leading cause of these deaths. (p 57).

The 2020 Illinois Youth Survey includes data on substance use by Champaign County youth. While the following do not point to alarming changes over time, 2020 survey responses were lower than hoped, and comparisons here are limited to previous statewide rates:

- Among 12th graders, 46% had used alcohol, 2% inhalants, 30% marijuana, and 5% other illicit (lower rates than for Illinois students during 2018), and 8% had used a prescription drug not for them (higher than the rate for Illinois students during 2018).
- Sources of alcohol for 12th graders: any social source (68%), parent supply (43%), stolen/taken without permission (32%), and retail (19%). Sources of marijuana and prescription drugs were mainly "someone gave it to me" and "bought from someone".
- 17% drove under the influence when using marijuana and 8% when drinking, slightly lower than statewide 2018 rates.
- Among 10th graders, 37% had used alcohol and 2% inhalants (lower than for statewide 2018), 23% marijuana and 3% other illicit drug (higher than statewide 2018), and 4% a prescription drug not for them (lower).
- 6% drove under the influence when using marijuana (equal to 2018 statewide rate) and 6% when drinking (slightly higher than statewide 2018 rate).
- Among 8th graders, 20% had used alcohol, 4% inhalants, 4% marijuana, no other illicit, and 1% a prescription drug not for them. All were lower than state rates from 2018.
- For all three grade levels, the rates for first use (new users) for all substances were lower than state rates from 2018, with the exception of 10th graders trying marijuana.

Coping with Stress and Isolation:

By June of 2020, substance use was rising (13% of US adults) as a coping mechanism for stress. Deaths from drug overdose reached a record high in 2020, with 93,331 across the country, an estimated 250 people losing their lives each day. The Centers for Disease Control and Prevention National Center for Health Statistics' 12-month provisional data, January 2015 to January 2021, show a 30.9% increase across the US.



For Illinois, complete data are not yet available, but an increase of 24.3% is estimated. The national increase is attributed largely to synthetic opioids, e.g., Fentanyl. (CDC NCHS, 2021).

Shifts in drug availability may also be to blame for increased illicit opioid use deaths; if heroin isn't easy to access, someone might take fentanyl... pandemic-related strains, from economic stress and loneliness to general anxiety about the virus, are a major driver for the increase.

(Abramson).

In 2010, a range of conditions classified as Alcoholic Liver Disease was a leading cause of US deaths. The prevalence of alcoholic fatty liver disease (AFLD) was stable from 2001 to 2016, but those with AFLD and stage 2 or greater fibrosis increased significantly by 2016. This is of concern because fibrosis is the strongest predictor of cirrhosis, liver cancer, and death. (Wong).

During the pandemic, with psychosocial stressors such as social isolation, loss of structured activity, and loss of employment, the consumption of alcohol increased, and a rise in severe ALD followed in several states. (Chen et al.).

Co-occurring disorders are very common, affecting 9 million people in the US; over half receive no treatment for either condition, only 7% receive services for both. (Gordon and Gans). Prior to the pandemic, over 25% of adults who had depression, anxiety, schizophrenia, or personality disorders also had a substance use disorder. (MentalHealth.gov). In addition to barriers to treatment of co-occurring disorders created by privacy rules and licensing and billing codes, **stigma** complicates access to addiction treatment and other necessary care. People with SUD are underserved in the healthcare system, increasing their risk for other illnesses and possibly keeping them from treatment for COVID-19. (NIDA).

Priorities of Those in Recovery:

Community Catalyst's national study of people with substance use disorders identified the outcomes they seek from treatment:

- staying alive
- better quality of life and mental health

- reduction of substance use
- basic needs met
- increased self-confidence
- connection to ongoing supports.

During COVID, only 20% of respondents changed priorities, with quality of life less important and connection to services and basic needs more important. Their recommendations include:

- a full continuum of services, including crisis and long-term peer recovery supports
- harm reduction programs that focus on keeping people alive, including overdose prevention
- educating providers on harm reduction
- integration of mental health supports into SUD services, even for people who do not have an MI diagnosis
- adjusting services to meet individuals' desired recovery goals.

While this is a national survey and the first of its kind, it breaks a silence and should serve as a model for improving the needs assessment process.

INTELLECTUAL/DEVELOPMENTAL DISABILITIES DATA

Service Needs and Preferences:

According to the Illinois Department of Human Services – Division of Developmental Disabilities “Prioritization of Urgency or Needs for Services (PUNS) Summary by County and Selection Detail” for July 14, 2021:

- Of 356 **Supports Needed**, the most frequently identified are:
 - Personal Support - habilitation, personal care, intermittent respite (306)
 - Behavioral Supports - behavioral intervention, therapy, counseling (147)
 - Speech Therapy (90)
 - Other Individual Supports (82)
 - Occupational Therapy (72)
 - Followed by Assistive Technology, Physical Therapy, 24-hour Respite, Adaptations to Home or Vehicle, Intermittent Nursing Services in the Home
- 321 people identified the need for **Transportation Support**
- 243 people identified the need for **Vocational** or Other Structured Activities:
 - Support to work in the community (217)
 - Support to engage in work/activities in a disability setting (98)
 - Support to work at home (6), and
 - Attendance at activity center for seniors (2)
- 65 people are waiting for Out-of-home **residential services** with less than 24-hour supports, and 45 are seeking 24-hour residential.

Through a CCDDDB-funded contract, the CCRPC Independent Service Coordination Unit completes an annual preferences interview with each person enrolling in or completing an update for the State's PUNS system. This assessment adds questions to those required by the

State, in order to understand service gaps and opportunities. The full report will be available with other year-end reports as a downloadable document on <http://ccmhddbrds.org>. From 147 respondents, 25 new and 122 updating, selections are ranked from most to least popular.

- Living arrangements:
 - With family – 76%
 - Alone - 27%
 - With roommates – 3%
 - 24-hour CILA with bedroom of their own – 6%
 - 24-hour CILA with shared bedroom – 4%
 - Intermediate care facility – 1%
- Prefer to live in:
 - Champaign - 51%
 - Urbana – 16%
 - Outside of Champaign County – 7%
 - Mahomet or Rantoul – 6% each
 - Champaign County – 3%
 - Outside of Illinois – 3%
 - St. Joseph – 2%
 - Philo or Tolono – 1% each
 - Homer, Fisher, and Sidney – less than 1% each
- Employment/volunteering:
 - Other – 42%
 - Retail – 21%
 - Restaurant/food services – 16%
 - With animals – 14%
 - Service industry, outdoors, or education/childcare – 10%
 - Public services – 7%
 - The arts – 6%
 - Office – 5%
 - Technology services, factory, construction, recreation, or health services – 3%
 - Writer, trade work, agriculture, or automotive – 1%
- Community opportunities:
 - CU Special Recreation – 68%
 - Health & wellness – 57%
 - Special Olympics – 56%
 - Groups and clubs – 53%
 - Church – 48%
 - YMCA – 35%
 - Gardening – 33%
 - Best Buddies – 24%
 - Continuing education – 15%
 - Other – 10%
- Leisure activities:
 - Recreation/sports – 90%

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- Eating out – 88%
 - Zoo/aquariums – 86%
 - Parks – 85%
 - Movies – 83%
 - Swimming – 71%
 - Theatre/arts/museums – 70%
 - Festivals – 67%
 - Shopping – 62%
 - Sporting events – 55%
 - Concerts – 51%
 - Other – 4%
- 98% seek support for Transportation, 98% for Financial, 96% Independent/daily living, 91% Medical, 81% Vocational, 80% Socialization, 47% PT/OT/Speech, 45% Behavioral therapy/counseling, 31% Respite, and 23% Assistive Technology
 - 71% are not receiving case management services; 12% have case management support from DSC, 12% Community Choices, 3% CCRPC ISC, 2% Other, 1% Rosecrance, 1% PACE
 - 49% were aged 19-59, 31% were 13-18, 12% were 7-12, 7% were 0-6, and 2% over 60
 - 58% were male and 42% female
 - 75% were white, 16% Black/African American, 6% Other/2 or more races, and 3% Asian
 - 5% were of Hispanic or Latino/a origin
 - 54% currently live in Champaign, 18% Urbana, 10% Rantoul, 7% Mahomet, 3% St. Joseph, 2% Tolono, 1% in each of Fisher, Philo, Rantoul, Savoy, and less than 1% in each of Bondville, Fooseland, Homer, and Sidney.

Most representative of respondents would be a white, non-Hispanic, non-Latino adult man, living in Champaign with family, not receiving case management, seeking support for transportation, financial, independent living, and medical, and most interested in recreation/sport, CU Special Recreation activities, and a job doing "Other."

Supports Sought by or on behalf of Residents with I/DD,
Using data from IDHS-DDD July 14, 2021 PUNS Report Sorted by County and Selection Detail and CCRPC-ISC Decision Support program year-end report for PY2021:

Category of Support/Service	PUNS Result	ISC Result
Transportation	90%	98%
Financial management	-	98%
Independent living support	-	96%
Medical support	-	91%
Personal support	86%	-
Vocational support	68%	81%
Socialization	-	80%
Support for work in the community	61%	-
Speech/OT/PT	59%	47%

Behavioral supports	41%	45%
Work in disability setting	28%	-
Other individual supports	23%	-
Less than 24-hr residential	18%	-
Assistive technology	14%	23%
24-hour respite	5%	31%
24-hour residential	13%	10%
Adaptation to Home/Vehicle	4%	-
Intermittent in-home Nursing	2%	-
Support to work at home	2%	-
Attendance at senior center	Less than 1%	-

Reporting on unmet needs of Champaign County residents with I/DD may be easier than for residents with behavioral health concerns, thanks to: annually updated PUNS data; the CCRPC-ISC preference interviews; and strict eligibility criteria resulting in a smaller number of eligible persons whose needs and preferences should be clearly understood. Unfortunately, knowing that many people are waiting for long-term supports and services does not lead to immediate solutions to the system-wide insufficiencies which were worsened by COVID-19.

Community Survey respondents indicated they would like to see the following added:

- more options, including for those with Autism
- more options for adults and their families
- mentoring by those with I/DD for those with I/DD
- more vocational opportunities

Service Provider Survey respondents identified related barriers:

- lack of providers who bill insurance and long wait lists for those services
- insufficient housing options for people with I/DD
- lack of resources and information about them
- not enough staff

These are echoed in testimonials below.

Observations:

People with I/DD have been especially impacted by COVID-19, in part due to high-risk congregate living and difficulty accessing supportive services, including for health care:

A cross-sectional study of 64,858,460 patients across 547 health care organizations reveals that having an intellectual disability was the strongest independent risk factor for presenting with a Covid-19 diagnosis and the strongest independent risk factor other than age for Covid-19 mortality... Beyond the direct risk of Covid-19, the pandemic has had negative effects on the ability of individuals with intellectual disabilities to receive

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the health care and daily support that they typically receive. Providers who are not cognizant of this medical limitation may incorrectly turn them away... A lack of typical supportive services may lead to increased behavioral issues and treatment with psychotropic medication with negative side effects, including weight gain.

(Gleason et al.).

Providers of services for people with I/DD have also been and continue to be deeply impacted by the COVID-19 pandemic, which has demanded even more from an already endangered and underpaid direct support workforce:

Not a single time have I posted encouraging/begging people to get the vaccine. Today is different. Despite the controversy, I want to make a plea to those working in the human service agencies. I am watching unvaccinated people quarantine over and over, while others work significant OT to make up for that loss all over the state of Illinois. There are so many unvaccinated that are doing that, too, but if exposed, guidance dictates safety measures that send them home for an extended time. (I don't disagree with the safety measure).

If ELIGIBLE and you work with a vulnerable population, please, please get the vaccine. People are depending on us for their health and safety. We've chosen a profession because we are passionate about a Mission that includes being responsible for the health, safety and welfare of others.

If you're on the fence about it, one of my favorite quotes I was accused of saying many years ago is (I didn't): Indecision is a decision in and of itself. I know there will be support and criticism to my plea, I just ask that you are kind in your responses.

#TheyDeserveMore #getvaccinated #itsnotover #deltaVariant #tired

- From the personal facebook page of a local I/DD agency executive, August 11, 2021

Self-advocates continue to identify the state/federal funding imbalance, a pre-pandemic condition with no solution in sight, as a barrier to independence for many:

I am a person with autism who lives in Champaign.

Advocating for my rights and the rights of others is important to me. I want Illinois legislators to know that people with intellectual and developmental disabilities deserve to live full lives in their communities. I am fortunate to have choices about where I work, where I live, the activities I participate in and what my day looks like.

Because I receive state funding, I work with community service providers to move into my own apartment, secure a job with the University of Illinois, and facilitate advocacy and leadership classes and projects for myself and others with these types of disabilities.

A lot of nondisabled people in Illinois don't understand that some people with these disabilities are not able to choose these things. Why? People with intellectual and developmental disabilities are part of their communities, contribute to their communities and are the experts in their own lives. They should have the right make decisions about their own lives. The state does not properly fund services for people with disabilities. Some people are on a waiting list for services and funding. I was on the wait list for 12 years.

Some people with disabilities live in state-run institutions and have to wait for services because the state doesn't have the funding available to help them leave. If Illinois legislators agree to fully fund community living services for people with these types of disabilities, then we can all choose the lives we want to live.

- Sarah Demissie, "From Our Readers: Disabled need greater support,"
The News-Gazette Opinions Page, July 21, 2021

Family members continue to be the drivers of system advocacy, against growing obstacles:

I write today on behalf of my 32-year-old son, Daniel, and thousands of Illinois citizens with developmental disabilities who continue to face a housing and staffing crisis.

Dan has autism, is non-verbal and requires 24/7 supports. He is loving, funny and helpful. He's a terrific son who "keeps us on our toes" and is an essential part of our family. Dan is fortunate to live for just over six years in a small group home near us in Champaign — one that could be forced to close because of inadequate state funding. We are very grateful to the agency that committed to opening a home for Dan here in Champaign.

Over the years that Dan has been "home," his emotional and behavioral stability have improved dramatically. We've never seen him happier. But, the threat that the agency will not be able to hang on is with us every day. Dan and others like him deserve the opportunity to live near their families, to build friendships and develop interests, to volunteer, work and play in their communities, just like "regular" people do. Illinois agencies provide the homes and care that make this life possible for people with disabilities, but they are severely underfunded and chronically understaffed.

In fact, our state ranks 47th for its funding commitment to people with intellectual and developmental disabilities. Direct Support Professionals — the caregivers who really support my son — are systemically undervalued and undercompensated by the state.

I say that Dan is fortunate because far too many Illinois residents with developmental disabilities are forced to live far from their home communities. And that's if they receive any support or placement at all. More than 18,000 people with disabilities are languishing on the state's waiting list, and the lack of services is especially acute for people with complex medical or behavioral needs.

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Even before COVID blindsided us all, we were aware that the cost to Dan's agency of operating the three Champaign homes was becoming too burdensome. They closed one home in January. The possibility that they could close Dan's home is frightening.

No system of care is perfect, but we can and absolutely must do better. Many other states do. Why can't Illinois?

The good news is that everyone now knows exactly how to solve this crisis. In December 2020, the Illinois Department of Human Services released a state-commissioned, independent study that lays out a clear list of priorities and the funding required to implement them. When the General Assembly passes its annual budget in the next few days, I urge them to follow the funding recommendations in the study.

Now is the time to finally make humane treatment of our citizens with developmental disabilities a priority.

*- Debra Ruesch, "My Turn: Debra Ruesch
Town Hall | 'Now is the time to finally make humane treatment of our citizens with
developmental disabilities a priority',"
The News-Gazette Opinions Page, May 25, 2021*

COVID inadvertently brought some good news for **job seekers with I/DD**:

While COVID has put incredible strain on all areas of our communities, particularly direct service professionals working group homes and community day programs, there have also been some unexpected positive outcomes. After the initial period of hard lockdowns, business closures, and mass layoffs, people with I/DD have had an unexpectedly large presence in the economy re-opening. Since the spring of 2021, our participants with disabilities are finding community jobs at far greater rates than they were before the pandemic. In the last week alone, we have supported three people to find meaningful community-based, competitively paid employment. Two years ago this would have been unprecedented for the size of our organization.

Early in the pandemic we had a glimmer of hope that this extremely difficult period would spark the creativity of businesses to be flexible, carve positions, and think about different ways to do things. Some of the hiring we're seeing reflects this shift. Businesses have absolutely become more agile. They are, of course, also experiencing a significant shortage of workers. In response to this, hiring departments have become much more open and collaborative when approached by our employment staff.

Many of our participants are also coming to the employment process with renewed motivation and in some cases new skills. The pull of re-engagement in the community is high and lots of people are excited to find work. Many, like all of us, are also coming to our services with new computer and communication skills picked up from months of searching through emails for zoom links and messages from friends.

It has been an extremely heartening pattern to witness when so many people and organizations are struggling. COVID has stretched our community in many ways, but we hope that this trend toward flexibility and inclusion continues in our workforce.

- *Becca Obuchowski, Executive Director, Community Choices, Inc.*

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J.C.



BRIEFING MEMORANDUM

DATE: September 22, 2021
TO: Champaign County Mental Health Board Members
FROM: Leon Bryson, Associate Director
SUBJECT: Draft FY 2022-2024 Three Year Plan with FY 2022 Objectives

Purpose:

An initial draft of the CCMHB Three-Year Plan for Fiscal Years 2022- 2024 with Objectives for Fiscal Year 2022 is attached. Following release to the Board, this document will be distributed for public comment. Feedback from this process and from the Board will be discussed amongst staff, and a revised version presented to the Board for approval at a later meeting.

Overview:

The Plan with revised Goals and proposed Objectives builds on existing mental health and criminal justice initiatives and collaboration with the Champaign County Developmental Disabilities Board (CCDDDB) for planning and coordination of services to individuals with intellectual and developmental disabilities.

Board members and staff met with the UIUC Evaluation Capacity team in early 2021 to develop a Logic Model for the Boards, which is also incorporated in the draft Plan.

With the release of the draft Three-Year Plan is a community needs assessment report. In the summer of 2021, CCMHB/CCDDDB staff conducted a community needs assessment, utilizing data from multiple local, state, and federal resources. A community survey was developed and administered to residents via online, and many cases in-person, using the paper survey. Several top concerns identified by survey respondents were stigma of mental illness, financial issues, quality housing, crime and violence, transportation and direct service line routes, access to the Internet and Technology in rural community, lack of Black and Brown businesses, and inadequate employment opportunities. Also, a provider survey was developed and administered to agencies' staff for input. All responses were collected and analyzed for the written report, and some findings have influenced the proposed Three Year Plan's content.

All proposed changes are highlighted, with additions in italics and strike-throughs on deletions. The draft Plan revised goals and proposed objectives are presented to the Board for their review for further discussion.

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD

THREE-YEAR PLAN

FOR

**FISCAL YEARS 2022-2024
(1/1/22 – 12/31/24)**

WITH

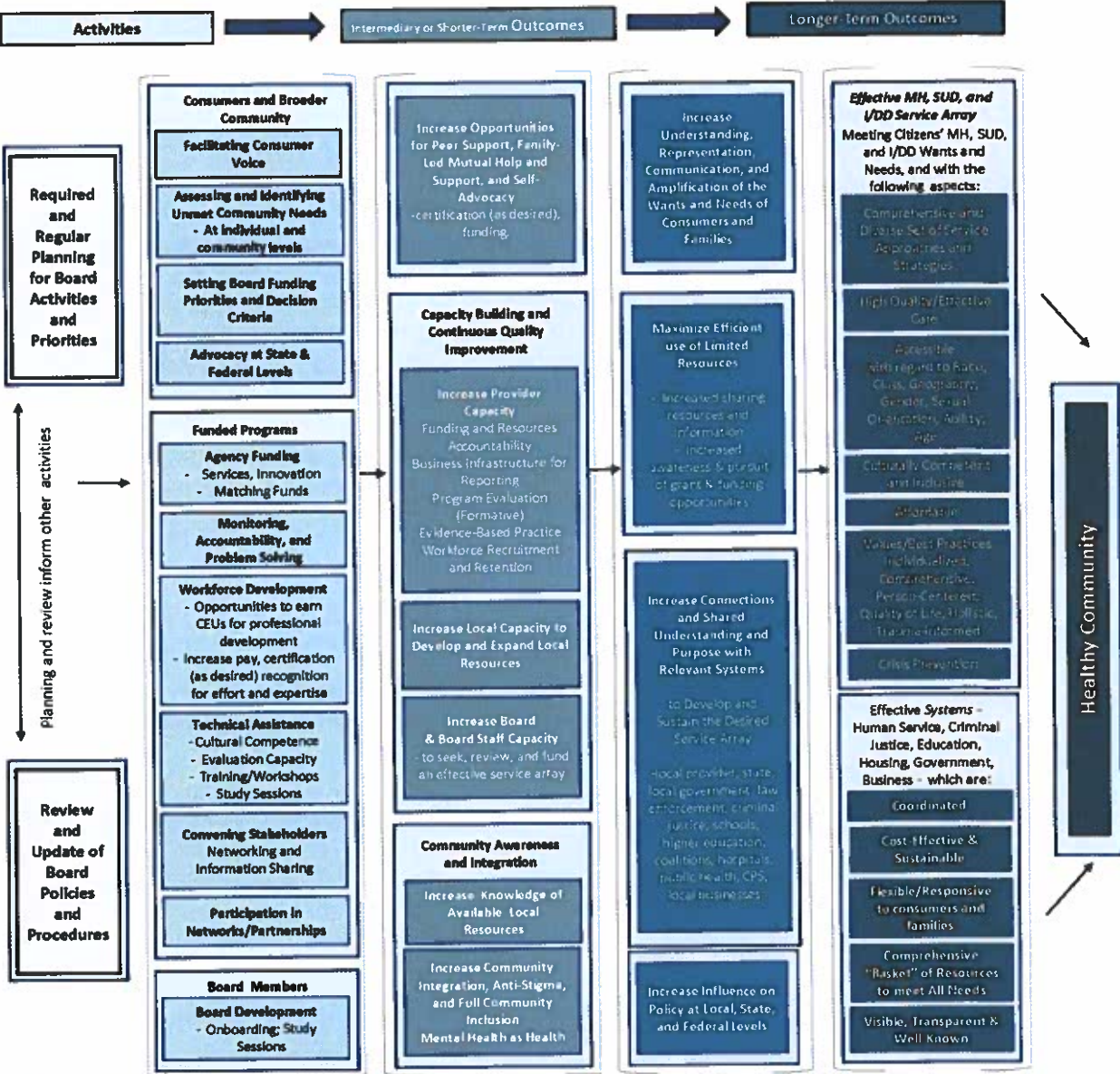
ONE YEAR OBJECTIVES

FOR

**FISCAL YEAR 2022
(1/1/22 – 12/31/22)**

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Purpose:
To promote health and wellbeing in the community through 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.



**Champaign County Mental Health Board
 Three Year Plan for 2022-2024 with One Year Objectives**

Logic Model Developed by Board and Staff with the UIUC Evaluation Capacity Building Project Team during Spring 2021

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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

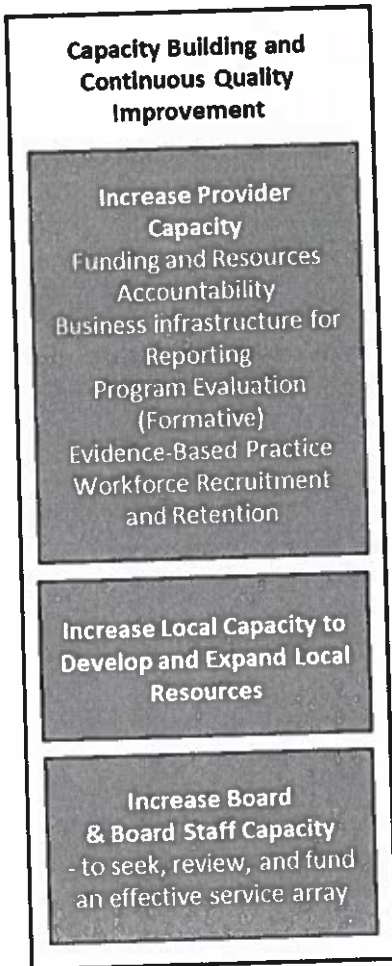
The mission of the CCMHB is the promotion of a local system of services for the prevention and treatment of mental or emotional, intellectual or developmental, and substance use disorders, in accordance with the assessed priorities of the citizens of Champaign County.

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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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 diagnoses ~~not covered under expansion of Medicaid or the Affordable Care Act, and no other payor source~~. (Allocation Priority/Criteria Objective)

Objective #4: Support broad based community efforts to prevent ~~opioid overdoses~~ ~~overdoses~~ ~~overdose deaths~~ and expand treatment options for ~~substance use disorders and addictions~~. (Allocation Priority/Criteria Objective)

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

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

Objective #7: Increase providers' ~~ability to set~~ ~~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 ~~and linguistically~~ responsive and family driven support networks for underrepresented populations, underserved populations, and general populations of Champaign County. (Allocation Priority/Criteria Objective)

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: ~~Assess and~~ address the needs of residents of rural areas ~~and~~ ~~farm communities~~ 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)

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Goal #3: ~~improve consumer access to and engagement in services~~ *On behalf of all eligible Champaign County residents, improve access to the supports, services, and resources currently available and beneficial to some.*

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, *including through system navigators and expanded language access.* (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 (CCDDB).

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

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 CCDDB, 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~~ CCDDB on promoting inclusion and respect for people with I/DD. (Collaboration/Coordination Objective)

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~~Objective #5: Collaborate with the CCDDDB for use of the funds from the sale of the CILA homes to meet the needs of Champaign County residents with I/DD with significant support needs. (Policy/Allocation Priority/Criteria Objective)~~

Increase
Understanding,
Representation,
Communication, and
Amplification of the
Wants and Needs of
Consumers and
Families

~~CHILDREN AND FAMILY FOCUSED PROGRAMS AND SERVICES 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 ~~and build on the successes~~ ~~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, 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: Acknowledging ~~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 ~~from the criminal justice system, as appropriate.~~

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 ~~needs 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 law enforcement and~~ 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 collaborations. (Allocation Priority/Criteria Objective)

Objective #2: ~~Identify options for developing all 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. Identify supports and services which reduce unnecessary incarceration and institutionalization, including behavioral health assessments, crisis stabilization, and treatment for addictions.~~ (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~~

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~~engagement. Collaborate in the planning and implementation of mobile crisis response and other crisis supports.~~ (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 Committee~~, advocate for community and education-based interventions contributing to positive youth development and decision-making. (Collaboration/ Coordination Objective)

Objective #2: Through participation ~~and engagement~~ in the Champaign Community Coalition and other community focused initiatives, ~~promote and encourage multi-system collaborative approaches for improving outcomes for youth and families and communities 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

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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, ~~and~~ ~~Teens~~, 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.
(Collaboration/Coordination Objective)



Goal #10: Engage with other local, state, and ~~federal~~ ~~national~~ 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)



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

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10.A.

DECISION MEMORANDUM

DATE: September 22, 2021
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: FY2022 Champaign County CCMHB and CILA Budget Submissions REVISED

Overview:

This memorandum presents revised budgets for the Champaign County Mental Health Board (CCMHB), Champaign County Developmental Disabilities Board (CCDDDB), and CILA Facilities Funds for County Fiscal Year 2022 (January 1 through December 31, 2022), for approval by the Board.

The Boards each approved initial drafts at their July meetings. The present drafts incorporate advice and information from the County Executive and Deputy Director of Finance, with newer revenue and cost estimates, and were submitted for information to the Champaign County Board for August 24 budget hearing. Final budgets will be presented during their appropriations process in November.

Attached are revised proposed 2022 CCMHB, CCDDDB, and CILA Facilities Fund Budgets, with background details including comparisons of proposed 2022, projected 2021, and actual revenues and expenditures for fiscal years 2014 through 2020. The Intergovernmental Agreement between the CCMHB and CCDDDB defines cost sharing and CILA ownership, among other arrangements. The CILA Fund Budget is under joint authority of the Boards. In the attachments, numbers which have been revised are *in italics*.

Highlights of All Draft Versions:

- Projected 2022 property tax revenue assumes 3% growth over 2021, no adjustment for collection rate below 100%.
- Miscellaneous revenue includes excess revenue returned by agencies (both boards).
- Majority of Expo Coordinator contracts are charged to Expo expense line, with a small portion in Professional Services or Public Relations for special projects. Prior to 2020, these had been charged to Professional Services, and Expo revenues and expenses were combined with other revenue and Public Relations costs, respectively (CCMHB budget). The future of the in-person Expo is unknown.
- Both Boards participate with United Way to purchase 211 service and in the UIUC Evaluation Capacity Project, shared as other costs, 57.85%/42.15% (CCMHB budget).
- CCMHB does not transfer an amount to the CILA fund in 2022, due to having paid off the mortgage; CCDDDB continues to transfer \$50,000 per year (CILA budget).
- No mortgage principal or interest expense (CILA budget).

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- CILA budget based on projected actual 2020 and 2021 expenditures. Future of the CILA Facilities Project is unknown.
- Increases in Contributions & Grants (MHB and DDB).
- Lower cost of ERP system for 2022, with exact cost to be determined (MHB).
- Background information offers more detail on certain expenditure lines and previous year actual costs and revenues.

Revisions to June 23 Budget Drafts:

- Increased 2022 property tax revenues based on 3.62% growth over 2021 (MHB, DDB).
- Decreased interest income (MHB, DDB).
- Increased mobile home tax (DDB).
- Additional revenue through one-time ARP funding (MHB).
- Increased total revenue and expenses (MHB, DDB).
- Recalculation of personnel costs: decreased FTE (fewer hours in the year); increased temporary staff, overtime, FICA, unemployment, health/life insurance, and employee recognition; and decreased IMRF and workers comp costs (MHB).
- Changes in other administrative costs: increased professional fees and legal notices; correction of error in interfund transfer total (MHB).
- Recalculation of CCDDDB share of total administrative costs, resulting from these adjustments (transfer is reflected as a change in MHB revenue and DDB expenditure).
- Increases in Contributions & Grants (MHB and DDB). One-time ARP funding is expended in 2021 and 2022 (though received in 2021).
- Background information has revised 2021 projected actuals and 2022 as above.
- Changes to the CILA Facilities budget, reflecting the project's shift in focus: decreased interest income, rent; decreased equipment (i.e., designated fund), repair costs, landscaping; increased professional fees (to include legal), insurance, utilities, dues/licenses (a new category), real estate tax/drainage assessment (a new category), bank fees, building improvements. Total revenue and expenses lower (CILA).

Decision Section:

Motion to approve the attached 2022 CCMHB Budget, with anticipated revenues and expenditures of \$5,951,344.

- Approved
- Denied
- Modified
- Additional Information Needed

Motion to approve the attached 2022 CILA Facilities Fund Budget, with anticipated revenues and expenditures of \$50,200. Payment to this fund is consistent with the terms of the Intergovernmental Agreement between the CCDDDB and CCMHB, and full approval is contingent on CCDDDB action.

- Approved
- Denied
- Modified
- Additional Information Needed

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Draft 2022 CCMHB Budget

LINE ITEM	BUDGETED REVENUE
311.24	Property Taxes, Current \$5,498,918
313.24	Back Property Taxes \$1,000
314.10	Mobile Home Tax \$4,000
315.10	Payment in Lieu of Taxes \$2,000
336.23	CCDDB Revenue \$395,426
361.10	Investment Interest \$2,000
363.10	Gifts & Donations \$3,000
363.12	Expo Revenue \$15,000
369.90	Other Miscellaneous Revenue \$30,000
TOTAL REVENUE \$5,951,344	

LINE ITEM	BUDGETED EXPENDITURES
511.02	Appointed Official \$106,734
511.03	Regular FTE \$340,803
511.05	Temporary Salaries & Wages \$2,500
511.09	Overtime Wages \$2,750
513.01	FICA \$34,237
513.02	IMRF \$23,541
513.04	W-Comp \$2,462
513.05	Unemployment \$1,404
513.06	Health/Life Insurance \$69,120
513.20	Employee Development/Recognition \$210
Personnel Total \$583,761	
522.01	Printing \$500
522.02	Office Supplies \$3,700
522.03	Books/Periodicals \$300
522.04	Copier Supplies \$1,000
522.06	Postage/UPS/Fed Ex \$2,000
522.44	Equipment Under \$5000 \$7,000
Commodities Total \$14,500	
533.01	Audit & Accounting Services \$12,000
533.07	Professional Services \$150,000
533.12	Travel \$1,500
533.18	Non-employee training \$8,000
533.20	Insurance \$18,000
533.29	Computer Services \$7,000
533.33	Telephone \$1,000
533.42	Equipment Maintenance \$500
533.50	Office Rental \$24,000
533.51	Equipment Rental \$800
533.70	Legal Notices/Ads \$500
533.72	Department Operating \$300
533.84	Business Meals/Expense \$150
533.85	Photocopy Services \$4,000
533.89	Public Relations \$13,000
533.92	Contributions & Grants \$5,391,621
533.93	Dues & Licenses \$20,000
533.95	Conferences/Training \$8,000
533.98	disAbility Resource Expo \$58,000
534.37	Finance Charges/Bank Fees \$30
534.70	Brookens Repair \$100
Services Total \$5,718,501	
571.08	Interfund Transfer, CCDDB (Share of Expo and some of Other Misc Rev, loan in 2019) \$6,800
571.11	Interfund Transfer, CILA Fund -
571.14	Interfund Transfer, to CARF for ERP \$13,000
Interfund Transfers TOTAL \$19,800	
TOTAL EXPENSES* \$6,336,562	

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Draft 2022 CILA Fund Budget

LINE ITEM	BUDGETED REVENUE	
361.10	Investment Interest	\$200
371.54	From CCDDDB 108	\$50,000
371.90	From CCMHB Fund 090	-
362.15	Rents	\$0
TOTAL REVENUE		\$50,200

LINE ITEM	BUDGETED EXPENDITURES	
522.44	Equipment Less than \$5,000 (includes a designated gift for the benefit of one individual, accessed at family request, with balance \$6,176 as of February 11, 2021)	\$6,176
533.07	Professional Services (property management)	\$9,000
533.20	Insurance	\$4,200
533.28	Utilities	\$4,603
533.93	Dues/Licenses	\$350
534.09	RE Tax/Drainage Asmt	\$2
534.36	CILA Project Building Repair/Maintenance	\$10,000
534.37	Finance Charges (bank fees per statement)	\$69
534.58	Landscaping Service/Maintenance	\$5,800
544.22	Building Improvements	\$10,000
TOTAL EXPENSES		\$50,200

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Draft 2022 CCDDB Budget

LINE ITEM	BUDGETED REVENUE	
311.19	Property Taxes, Current	\$4,515,334
313.19	Back Property Taxes	\$1,000
314.10	Mobile Home Tax	\$3,000
315.10	Payment in Lieu of Taxes	\$2,000
361.10	Investment Interest	\$1,000
371.90	Interfund Transfer (Expo and some Other Misc Rev) from MH Fund	\$6,800
369.90	Other Miscellaneous Revenue	\$8,000
TOTAL REVENUE		\$4,537,134

LINE ITEM	BUDGETED EXPENDITURES	
533.07	Professional Services (42.15% of an adjusted set of CCMHB Admin Expenses)	\$395,426
533.92	Contributions & Grants	\$4,091,708
571.11	Interfund Transfer, CILA Fund	\$50,000
TOTAL EXPENSES		\$4,537,134

Background for 2022 CCMHB Budget, with 2021 Projections and Earlier Actuals

2022 BUDGETED REVENUE	2021 PROJECTED	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current	\$5,304,965	\$4,887,609	\$4,813,598	\$4,611,577	\$4,415,651	\$4,246,055	\$4,161,439	\$4,037,720
Back Property Taxes	\$1,000	\$0	\$6,489	\$494	\$2,731	\$2,486	\$2,861	\$1,612
Mobile Home Tax	\$4,000	\$0	\$4,062	\$3,909	\$3,766	\$3,903	\$3,995	\$3,661
Payment in Lieu of Taxes	\$3,000	\$1,088	\$2,604	\$3,406	\$3,201	\$2,970	\$2,869	\$2,859
CCDDB Revenue	\$402,852	\$346,706	\$409,175	\$310,783	\$287,697	\$377,695	\$330,637	\$337,536
Investment Interest	\$1,000	\$7,627	\$45,950	\$41,818	\$18,473	\$3,493	\$1,385	\$1,015
Gift & Donations	\$3,000	\$2,900	\$4,706					
Expo Revenue (were combined)	\$15,000	\$13,805	\$14,275	\$21,613	\$5,225	\$18,822	\$26,221	\$28,192
Other Miscellaneous Revenue	\$30,000	\$80	\$129,028	\$29,955	\$117,195	\$21,340	\$67,599	\$85,719
*ARPA Fiscal Recovery Funding	\$770,436							
TOTAL REVENUE	\$5,951,344	\$5,259,815	\$5,429,887	\$5,023,555	\$4,853,939	\$4,676,764	\$4,597,006	\$4,496,514

✓ Per July 28, 2021 authorization by the County Board, the full amount of ARP request is deposited during 2021, but half is to be spend in 2021 and the other half in 2022. This results in the appearance of a surplus in 2021 and deficit in 2022, when in fact the fund balance will cover it.

2022 BUDGETED EXPENDITURES (SEE PAGE 5 FOR DETAILS)	2021 PROJECTED	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Personnel	\$583,761	\$576,937	\$544,001	\$519,678	\$522,073	\$449,220	\$577,548	\$502,890
Commodities	\$14,500	\$16,295	\$12,362	\$11,147	\$10,049	\$6,263	\$7,998	\$11,237
Services (not Contrib & Grants)	\$326,880	\$310,055	\$286,913	\$286,385	\$404,059	\$432,828	\$410,157	\$382,870
*Contributions & Grants	\$5,391,621	\$5,269,478	\$4,310,455	\$3,993,263	\$3,648,188	\$3,593,418	\$3,428,015	\$3,335,718
Interfund Expenditures	\$19,800	\$59,170	\$5,819	\$406,505	\$56,779	\$57,288	\$60,673	\$0
Interest on Tax Case	\$0	\$0	\$1,648					
TOTAL EXPENSES	\$6,336,562	\$5,161,198	\$5,216,998	\$4,641,148	\$4,089,797	\$4,484,391	\$4,232,715	\$4,591,892

Additional Information about Services

Approval of 2022 Budgets does not obligate the Boards to all expenditures described: most consultant/service contracts are developed by Executive Director with Board officers and, for larger amounts or unusual circumstances, full board review and approval; estimates are based on previous years.

SERVICES	2022	2021
Professional Services*	\$150,000	\$139,425
Public Relations***	\$13,000	\$13,000
disability Resource Expo***	\$58,000	\$49,000
CCMHB Contribution s & Grants	\$5,391,621	\$5,269,478
CCDDB Contribution s & Grants	\$4,091,708	\$3,926,416
Dues/ Licenses	\$20,000	\$20,000
Conferences /Training	\$8,000	\$8,000
Non-Employee Conferences / Trainings**	\$8,000	\$10,000
Unexpected		

Approximately \$83625 UI Evaluation, including CCDDB, \$22,500 to United Way for 211/Path, \$500 human resources services (AAIM), \$3,000 IT services (BPC), \$1,000 Ed McManus, \$1,500 website accessibility testing (Falling Leaf), \$18,000 online application/reporting systems (EMK), \$2,000 maintenance of Expo, AIR, and resource guide. Also includes: language access and other accessible document production; graphic design; shredding services; independent reviewers; CPA consultant/reviews; legal counsel. (Expo/Special Projects consultant costs are split between this line, Public Relations, and disABILITY Resource Expo, per project.)

\$9,000 Ebertfest film sponsorship or similar, offset by Alliance member dues and other contributions of \$3k-\$5k/year. \$2,000 estimated for other community events, \$2,000 anti-stigma art show(s) and promotion, including Market in the Square and possible Farmers Market. \$2,000 sponsorships of other events. 25% of one Expo Coordinator may be charged to this line for work on non-Expo events and other special projects.

Support for the 2021 and 2022 Expo events, including venue, supplies, food, interpreters, advertising, t-shirts, storage space, etc. Majority of Expo Coordinators' contracts are here. Expo costs are offset by exhibitor fees and contributions from sponsors.

Estimated CCMHB payments to agencies from January 1 to June 30, 2022, as authorized in May 2021, plus 1/2 of estimated FY23 annual allocation amount, with agency contract maximums to be authorized by July 1, 2022. This amount is greater than originally budgeted, by \$365,218, as a result of American Rescue Plan Act Fiscal Relief Funds to support additional programs in response to the public health emergency, and as one-time funding for the Program Year 2022.

Estimated CCDDB payments to agencies from January 1 to June 30, 2021, as authorized in May 2020, plus 1/2 of estimated FY21 annual allocation amount, with agency contract maximums to be authorized by July 1, 2021. (Includes an amount equal to anticipated hospital property tax revenue = \$x)

\$950 national trade association (NACBHDD), \$16,000 state trade association (ACMHA), and smaller amounts Human Services Council, Arc of Illinois, any new membership, e.g., CBHA, NCBH, NAADD, or similar.

\$1000 registration for NACo and NACBHDD Legislative and Policy Conferences (may be offset by ACMHA), \$350 for NACo Annual Meeting. Costs of travel (plus lodging and food) for staff for NACBHDD and NACo meetings. Costs of travel (plus lodging and food) for staff for ACMHA meetings. Costs of one other conference/training for staff members. Federation of Families, Arc of IL, NAADD, or similar. Kaleidoscope, Inc. training and certification.

Registration, costs of travel, lodging, and food for board members to attend National or State Association meetings and other conferences or trainings of interest. Also charged here are the costs associated with Mental Health First Aid trainings and trainings for non-employees (e.g., case managers, other service providers, stakeholders), which can include presenters, rental, refreshments, materials, promotion. Unknown whether in person or virtual, or impact on cost.

Unknown late of large gatherings (Expo, Ebertfest, conferences, trainings). Possible telework expenses or change in office. Budget transfers if: offices move to a different location or are modified; legal expenses are greater, etc. Budget amendment if employee retirement/resignation. Boards' fund balances are lowest in May, at which point there should be enough for 6 months operating + remaining tax liability (small) + share (57.85%/42.15%) of accrued staff benefits. If first tax distribution does not occur by June, fund balance may be used.

Approximately \$80,198 UI Evaluation, including CCDDB, \$21,330 to United Way for 211/Path, \$500 human resources services (AAIM), \$3,000 IT services (BPC), \$1,000 Ed McManus, \$1,500 website accessibility testing (Falling Leaf), \$15,000 online application/reporting systems (EMK), \$2000 maintenance of Expo, AIR, and resource guide. Also includes: language access and other accessible document production; graphic design; shredding services; independent reviewers; CPA consultant/reviews; legal counsel. (Expo/Special Projects consultant costs are split between this line, Public Relations, and disABILITY Resource Expo, per project.)

PAID IN 2020 - \$15,000 Ebertfest film sponsorship, offset by Alliance member dues and other contributions of \$3k-\$5k/year. \$2,000 estimated for other community events, \$2,000 anti-stigma art show(s) and promotion, including Market in the Square and possible Farmers Market. \$2,000 sponsorships of other events. 25% of one Expo Coordinator may be charged to this line for work on non-Expo events and other special projects.

Expenses associated with 2020 Expo event and with 2021 Expo but paid in 2020. Coordinator time associated with Expo and related activities charged here rather than to Pro Svcs (in 2018). Expo costs are offset by exhibitor fees and contributions from sponsors (\$14k in 2018.)

Actual CCMHB payments to agencies from January 1 to June 30, 2021, as authorized in May 2020, plus payments authorized in May 2021, to be made from June through December 2021. This amount is greater than originally budgeted, by \$365,218, as a result of American Rescue Plan Act Fiscal Relief Funds to support additional programs in response to the public health emergency, and as one-time funding for the Program Year 2022.

Actual CCDDB payments to agencies from January 1 to June 30, 2020, as authorized in May 2019, plus payments authorized in May 2020, to be made from June through December 2020.

\$950 national trade association (NACBHDD), \$3,000 AAIM (paid every three years), \$16,000 state trade association (ACMHA), and smaller amounts for Human Services Council, Arc of Illinois, possible new memberships, e.g., CBHA, NCBH, NAADD, or similar.

\$1000 registration for NACo and NACBHDD Legislative and Policy Conferences (may be offset by ACMHA), \$350 for NACo Annual Meeting. Costs of travel (plus lodging and food) for staff for NACBHDD and NACo meetings. Costs of travel (plus lodging and food) for staff for ACMHA meetings. Costs of one other conference/training for staff members, Federation of Families, Arc of IL, NAADD or similar. MHFA trainer certification.

Registration, costs of travel, lodging, and food for board members to attend National or State Association meetings and other conferences or trainings of interest. Also charged here are the costs associated with Mental Health First Aid trainings and trainings for non-employees (e.g., case managers, other service providers, stakeholders), which can include presenters, rental, refreshments, materials, promotion. While travel is unlikely in 2021, virtual MHFA and CM trainings are considered.

Unknown late of large gatherings (Expo, Ebertfest, conferences, trainings). Possible telework expenses or change in office. Budget transfers if: offices move to a different location or are modified; legal expenses are greater, etc. Budget amendment if employee retirement/resignation. Boards' fund balances are lowest in May, at which point there should be enough for 6 months operating + remaining tax liability (small) + share (57.85%/42.15%) of accrued staff benefits. If first tax distribution does not occur by June, fund balance may be used.



Calculation of the CCDDB Administrative Share ("Professional Services")

	2022	2021
Adjustments:		
CCMHB Contributions & Grants	\$5,391,621	\$5,269,478
UI Evaluation Capacity Project	-	-
Eberfest anti-stigma film and events	-	-
Payment to CILA fund	-	-
CCDDB Share of Donations & Misc Rev	\$6,800	\$6,800
MHB Interest on Tax Case	-	-
Adjustments Total:	\$5,398,421	\$5,276,278
CCMHB Total Expenditures:	\$6,336,562	\$6,232,035
Total Expenditures less Adjustments:	\$938,141	\$955,757

Total Expenditures less Adjustments		2021		
Adjusted Expenditures x 42.15%			CCDDB Share	CCDDB Share
Monthly Total for CCDDB Admin	\$32,952		\$938,141	\$955,757
			\$395,426	\$402,852
			\$32,952	\$33,571

At the end of the Fiscal Year, actual expenses are updated, some revenues (e.g., Expo) are shared, and adjustments are made to the CCDDB current year share.

Background for 2022 CCDDB Budget, with 2021 Projections and Earlier Actuals

	2022 PROJECTED	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
2022 BUDGETED REVENUES								
Property Taxes, Current	\$4,515,334	\$4,007,711	\$3,992,668	\$3,846,413	\$3,684,009	\$3,595,174	\$3,545,446	\$3,501,362
Back Property Taxes	\$1,000	\$0	\$5,369	\$411	\$2,278	\$2,105	\$2,437	\$1,398
Mobile Home Tax	\$3,000	\$0	\$3,361	\$3,261	\$3,142	\$3,305	\$3,404	\$3,348
Payment in Lieu of Taxes	\$2,000	\$0	\$2,154	\$2,841	\$2,671	\$2,515	\$2,445	\$2,479
Investment Interest	\$1,000	\$4,054	\$27,098	\$24,062	\$10,883	\$2,318	\$1,488	\$812
Gifts & Donations (transfer from MHB)	\$6,800	\$5,819	\$106,505	\$6,779	\$7,288	\$10,673	\$0	\$0
Other Miscellaneous Revenue	\$8,000	\$9,524	\$8,955	\$6,408	\$14,432	\$0	\$0	\$11,825
TOTAL REVENUE	\$4,537,134	\$4,027,108	\$4,136,110	\$3,890,175	\$3,724,703	\$3,616,091	\$3,555,220	\$3,521,224
2022 BUDGETED EXPENDITURES								
Professional Services (42.15% of some CCMHB expenses, as above)	\$395,426	\$330,445	\$309,175	\$310,783	\$287,697 (understaffed)	\$379,405	\$330,637	\$337,536
Contributions & Grants	\$4,091,708	\$3,659,691	\$3,445,272	\$3,250,768	\$3,287,911	\$3,206,389	\$3,069,122	\$3,224,172
Interfund Transfer, CILA Fund	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$0
Interfund Transfer to MH (loan repay)	\$0	\$100,000	\$0	\$0	\$0	\$0	\$0	\$0
Interest on Tax Case	\$0	\$1,363	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENSES	\$4,537,134	\$4,041,499	\$3,904,447	\$3,611,551	\$3,337,911	\$3,635,794	\$3,449,759	\$3,561,708



10.B.



BRIEFING MEMORANDUM

DATE: September 22, 2021
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Update on CILA Facilities Project

Background:

The CILA Facilities Project is a collaboration of the Champaign County Developmental Disabilities Board (CCDDB) and the CCMHB since 2014, to address the needs of residents who have I/DD and complex support needs and who as a result had been unable to secure residential services close to home and community. Adjustments have been made to the cost- and authority- sharing agreement between the Boards with regard to this project, to ensure the best interests of the County and the people served. From the beginning, the project encountered challenges. Efforts by the service provider, parents of the people living in the homes, Independent Service Coordination Unit staff, and CCMHB/CCDDB members, staff, and attorneys usually resolved these challenges. By 2020, the difficulty securing a workforce had become insurmountable. While improving the I/DD service system is a topic at state and federal levels, relief is not in sight, and Illinois' providers appear to be downsizing rather than expanding community-based services. With our CILA houses empty, the Boards made the difficult decision to sell them and reinvest in meaningful supports for this population.

Updates:

As directed at the Boards' joint special meeting on July 28, I engaged with the selected realtor for the listing of the first property and approved some repairs. The house was listed August 16. I accepted an offer at the list price of \$239,000 on August 27. Chicago Title's attorney and our attorney, Dan Walsh, requested a resolution from the CCDDB (as title-holder), making explicit the decisions and rationale for selling the homes. The resolution was approved at a special meeting of the CCDDB on September 1, signed by their officers and notarized on September 3, and forwarded to the attorneys with other requested information. The closing occurred September 10. The buyers are a young family relocating to Champaign County for work.

Budget Impact:

Closing costs were as predicted in the selected realtor bid and not unusual per Dan Walsh. After seller title charges (\$809.15), half of the Chicago Title closing fee (\$162.50), U-C Sanitary proration (\$0.30), record release (\$61), and realtor commission (\$11,950), the total net to seller is **\$226,017.50**, which includes a check for earnest money. This has been deposited into the CILA Facilities Project fund. The 2021 budget for this fund anticipated professional services, which will cover our attorney's fees and repairs which were completed prior to listing by WardHomes as the property manager. Repairs on the second house will begin prior to listing, but there is already some interest.

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OFFICE OF THE CHAMPAIGN COUNTY EXECUTIVE

1776 East Washington Street, Urbana, Illinois 61802-4581

Darlene A. Kloeppel, County Executive

100.

MEMORANDUM

TO: County Board Members
FROM: Darlene Kloeppel, County Executive
DATE: June 17, 2021
RE: Request for mental health services ARPA funding

The American Rescue Plan Act (ARPA) provides that it is allowable to use ARPA funds to expand mental health access and services, particularly for unserved and underserved areas and populations in Champaign County.

The Champaign County Mental Health Board currently provides funding for local agencies that provide services to residents of Champaign County through an annual NOFA and grantmaking process. Should the County Board decide to fund mental health services with ARPA funds, there is value in using the CCMHB as a conduit for sub-granting, because they already have policies and procedures for vetting, monitoring and reporting that will be needed for ARPA funding justification. The ARPA Project Manager will liaison with CCMHB on behalf of the county to assure compliance with ARPA requirements regarding the eligibility and reporting for all sub-grantees.

Due to the imminent timing of the CCMHB's fiscal year (beginning on July 1, 2021), at this time I am forwarding their budget amendment request to transfer ARPA funds to the CCMHB for the purposed of making subgrants to these agencies using their established grant process (see attached for the proposed services to be provided)..

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

MEMORANDUM

DATE: June 17, 2021
TO: Members, Champaign County Board
FROM: Chris Wilson, Financial Manager
SUBJECT: ARPA funding request

This request for ARPA funding will be utilized by the CCMHB to expand grant funding for local agencies providing mental health and substance abuse disorder treatment services to individuals and families in Champaign County. This increase in CCMHB grant funding will allow local agencies to expand their programs to continue to strive to meet the growing need for these services in Champaign County.

The CCMHB grant year runs from July 1 through June 30. In order to provide consistent, uninterrupted grant funding for these local agencies throughout the entirety of the upcoming grant year, 50% of the ARPA funding will be utilized as grant funding disbursements from July 1 through December 31 of FY21. The remaining 50% of ARPA funds will be utilized as grant funding disbursements from January 1 through June 30 of FY22.

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REQUEST FOR BUDGET AMENDMENT

BA NO. 21-00039

FUND 090 MENTAL HEALTH

DEPARTMENT 053 MENTAL HEALTH BOARD

INCREASED APPROPRIATIONS:

ACCT. NUMBER & TITLE	BEGINNING BUDGET AS OF 12/1	CURRENT BUDGET	BUDGET IF REQUEST IS APPROVED	INCREASE (DECREASE) REQUESTED
C90-053-533.92 CONTRIBUTIONS & GRANTS	4,882,008	4,882,008	5,267,226	385,218
TOTALS	4,882,008	4,882,008	5,267,226	385,218

INCREASED REVENUE BUDGET:

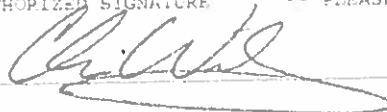
ACCT. NUMBER & TITLE	BEGINNING BUDGET AS OF 12/1	CURRENT BUDGET	BUDGET IF REQUEST IS APPROVED	INCREASE (DECREASE) REQUESTED
090-053-371.29 FROM ARPA FND B40	0	0	770,436	770,436
TOTALS	0	0	770,436	770,436

EXPLANATION: SEE ATTACHED MEMO.

DATE SUBMITTED:

6/17/21

AUTHORIZED SIGNATURE



** PLEASE SIGN IN BLUE INK **

APPROVED BY BUDGET & FINANCE COMMITTEE:

DATE:

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American Rescue Plan Act Proposed Project Summary

Project: **CCMHB for CCRPC Justice Diversion**

Year funding requested: **2021 2022 2023 2024**
in progress projects only - **2025 2026**

Contact name, agency, phone, email: **Lynn Canfield, CCMHB, 217-367-5703**
For CCMHB funding proposal from Lisa Benson, CCRPC, 217-328-3133

Eligible uses (check those that apply): Total Requested: \$ **207,948**
(\$103,974 for 6 months of 2021 and \$103,974 for 6 months of 2022)

1. support for public health expenditures
 - COVID-19 mitigation efforts (ventilation, separation/distancing, supplies)
 - medical expenses related to COVID-19
 - behavioral healthcare (treatment, hotlines, crisis intervention, outreach to promote access)
 - public health and safety staff payroll and benefits for primary COVID-19 response
 - other:
2. address negative economic impacts of COVID-19
 - assistance to individuals (food, shelter, clothing, survivor's benefits, job training)
 - loans, grants, navigators to businesses for mitigation or financial hardship
 - address health disparities (public benefits navigators, health workers; lead abatement, violence prevention)
 - investments in affordable housing
 - address educational disparities (learning services and afterschool programs)
 - healthy childhood environments (childcare, home visiting, child welfare)
 - assistance for impacted industries (tourism, travel, hospitality, other)
 - other:
3. replace public sector revenue
 - county (modernize IT, public safety, environment, facilities, roads, health, education)
 - other units/districts of government (modernize IT, public safety, environment, facilities, roads, health, education)
 - other:
4. provide premium pay for essential workers who make up to \$31.52/hr
 - county staff
 - other:
5. invest in infrastructure
 - drinking water
 - wastewater/stormwater
 - broadband access (25Mbps/3Mbps)
 - other:

This project will further the county's: IT plan facilities plan strategic plan broadband plan
 other: community-based behavioral healthcare system, collaboration with law enforcement

Please describe if/how this project leverages other funds or provides for a key piece that will allow progress here and then attach a brief summary of the project details: **fills a gap in cross-system services where other funding opportunities have not been available; will inform future coordinated crisis response and may leverage funding.**

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Summary of Project: **CCMHB for CCRPC Justice Diversion**
For additional information or to review the original application or CCMHB priorities or policies, contact lynn@ccmhb.org.

Why it Matters: Individuals and families with justice involvement in Rantoul and the Champaign County Sheriff's Office (CCSO) coverage area, who have had Crisis Intervention Team (CIT) or domestic offense police contact with Rantoul Police Department (RPD) or CCSO, whether initiated by the family or due to a police response - majority are hard-to-reach individuals from underserved populations including lower income and ethnic minority households.

Evidence Based, Promising, or Innovative Approach: Adult Needs and Strengths Assessment (ANSA) to support decision making and service planning related need for treatment, urgency of the need, and level of care, and to determine change in level of SEB needs following engagement in treatment. From the 2015 Journal of Addiction Research & Therapy, "evidence suggests that the ANSA is a valid tool of measurement, and that it does reflect the client's perspective accurately, thus strengthening confidence in its use as a standardized screening instrument."
<https://praedfoundation.org/tools/the-adult-needs-and-strengths-assessment-ansa/>

Outcomes:

1. Increase individual's capacity to engage in treatment.
2. Decrease level of need for social emotional behavioral treatment. At least 20% of treatment plan clients with initial ratings of 2 or 3 will move to ratings of 1 or 0.
3. Increase available services in Rantoul.
4. Reduce number of repeat calls to law enforcement for social emotional behavioral needs. No more than 25% of the requests for law enforcement assistance for behavioral needs during the program year, will be repeat requests.

To be Served/Completed:

52 (50 New & 2 Continuing) individuals enrolled in short-term care planning based on entry assessment results. 140 individuals whose initial screening indicates that crisis can be resolved without further action from Justice Diversion Program (JDP) or RPD and no plan for treatment is necessary. 20 presentations; service provider facilitation meetings, including Rantoul Service Providers; meetings with providers, schools, community members, and public officials to provide information and education about the program; and community meetings/events.

250 individuals/families who have had CIT or domestic related police contact, whether initiated by the family or due to a police response, who the JDP coordinator made attempts to contact, but was unable to contact or engage in services.

Type and Intensity of Service: Reducing the # of repeat calls to law enforcement for social emotional behavioral (SEB) needs by increasing available services, eliminating barriers to existing services, and increasing individual's capacity to engage in treatment, while offering law enforcement an alternative to formal processing, JDP referrals are accepted from RPD and CCSO following CIT or domestic calls, or as recommended by JDP staff after reviewing daily police logs:

- Staff may be available for immediate response on location with police after safety has been ensured.
- JDP attempts to contact all individuals referred; appointments are scheduled to complete ANSA to determine level of SEB needs, if crisis can be resolved without further action or if resolution requires a treatment plan.
- When no treatment plan is necessary, staff offer information/resources to address the issue that precipitated police involvement. When a treatment plan is required, JDP provides short-term care planning, coordination and monitoring, including, but not limited to linkages with: housing, mental health services, substance abuse services, counseling, education and vocational training, financial education, employment, and peer mentoring.
- Coordination and monitoring may continue for up to 3 months to ensure engagement. When service connection is not readily available, program staff provide support until the individual is accepted into services, or needs are met.
- Exit assessments are completed to determine change in level of SEB needs.
- JDP will continue to work to increase the service options available within Rantoul, and to streamline service connection and delivery through collaboration with services throughout the county.

Length of Engagement: 1-3 months.

Leveraging Other Resources: In addition to this request, anticipated revenues include: \$12,480 – In-Kind Contributions & \$2,250 – Federal Grants. Given the increasing state and federal focus on the need for such services, other funding may become available; at this time the expansion to CCSO area is meant to meet immediate increased needs.

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American Rescue Plan Act Proposed Project Summary

Project: **CCMHB for Champaign County Health Care Consumers Disability Services**

Year funding requested: **2021 2022 2023 2024**
in progress projects only - 2025 2026

Contact name, agency, phone, email: **Lynn Canfield, CCMHB, 217-367-5703, lynn@ccmhb.org**
For CCMHB funding proposal from Claudia Lennhoff, CCHCC, 217-352-6533, claudia@shout.net

Eligible uses (check those that apply): Total Requested: \$ 71,500
(\$35,750 for 6 months of 2021 and \$35,750 for 6 months of 2022)

1. support for public health expenditures
 - COVID-19 mitigation efforts (ventilation, separation/distancing, supplies)
 - medical expenses related to COVID-19
 - behavioral healthcare (treatment, hotlines, crisis intervention, outreach to promote access)
 - public health and safety staff payroll and benefits for primary COVID-19 response
 - other:
2. address negative economic impacts of COVID-19
 - assistance to individuals (food, shelter, clothing, survivor's benefits, job training)
 - loans, grants, navigators to businesses for mitigation or financial hardship
 - address health disparities (public benefits navigators, health workers; lead abatement, violence prevention)
 - investments in affordable housing
 - address educational disparities (learning services and afterschool programs)
 - healthy childhood environments (childcare, home visiting, child welfare)
 - assistance for impacted industries (tourism, travel, hospitality, other)
 - other:
3. replace public sector revenue
 - county (modernize IT, public safety, environment, facilities, roads, health, education)
 - other units/districts of government (modernize IT, public safety, environment, facilities, roads, health, education)
 - other:
4. provide premium pay for essential workers who make up to \$31.52/hr
 - county staff
 - other:
5. invest in infrastructure
 - drinking water
 - wastewater/stormwater
 - broadband access (25Mbps/3Mbps)
 - other:

This project will further the county's: IT plan facilities plan strategic plan broadband plan
 other: community-based behavioral healthcare system, reduction of homelessness

Please describe if/how this project leverages other funds or provides for a key piece that will allow progress here and then attach a brief summary of the project details: **by assisting people with applications for Social Security benefits (and Medicaid and Medicare), this NEW Program will maximize use of those other publicly funded systems (i.e., state and federal) and resources available through them.**

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Summary of Project: CCMHB for Champaign County Health Care Consumers – Disability Services
For additional information or to review the original application or CCMHB priorities or policies, contact lynn@ccmhb.org.

Why it Matters: This proposal is for a NEW service to be provided by an organization with experience advocating and enrolling people in benefits. The process of approval for disability applications is notoriously complex, almost impossible for the people who would benefit most from SSI, SSDI, and the publicly funded insurance associated with them (Medicaid and Medicare). Disabled individuals who have advocates help with applications are far more likely to get approved for disability benefits. <https://www.disabilitybenefitscenter.org/social-security-disability-attorney/champaign>
People who are homeless are more likely to have qualifying disabling conditions and are more likely to have traumatic brain injuries, making the process of applying for benefits even more challenging. People who have been incarcerated are more likely to have qualifying disabling conditions. <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=5500>

Evidence-based, Promising, or Innovative Approach: The SOAR process, especially for homeless clients. Data show that Champaign County residents are under-enrolled in disability benefits, with enrollment in SSI/SSDI approximately 3,215, when it should be closer to 7,395 (because approximately 6% of individuals under age 65 have a disabling condition.)
<https://www.disabilitybenefitscenter.org/social-security-disability-attorney/champaign>
https://www.ssa.gov/policy/docs/statcomps/ssi_sc/2019/il.html
<https://www.illinois.gov/hfs/info/factsfigures/Program%20Enrollment/Pages/champaign.aspx>

Outcomes: Successful enrollment in SSI or SSDI programs.

Will Serve/Complete:

20 people for help applying for benefits; 5 people who need low intensity of service (one contact, information, guidance, direction); and 5 people using the prescription assistance fund.
640 service contacts resulting from service to the 20 people (40 contacts per).
4 public presentations or interagency meetings.

Type and Intensity of Service:

- * Evaluations of disabling conditions and determinations of whether to apply for SSI or SSDI or both (depending on client's work history);
- * Assistance applying for SSI or SSDI;
- * Appealing adverse SSI and SSDI decisions; and
- * Coordinating with attorneys for these clients in the event that the client needs an attorney for appealing a decision.

* Emotional/psychological support for individuals applying for SSI or SSDI. Often, the decision to apply for disability, and the process of doing so, can be challenging to the individual as they must come to terms with the idea that they are "disabled". Additional services: helping clients access health services they need in order to document their disabling conditions; all the usual services that CCHCC provides to other clients, including applications for health insurance, prescription assistance, food stamps, etc. Services and materials will be provided in English and Spanish and at multiple locations throughout the County. (This proposal is to pay for one full-time equivalent Disability Specialist and another staff (at .30 FTE) to supervise and assist the Disability Specialist.

Leveraging Other Resources:

Helping people get approved for SSI or SSDI will bring them resources so that they have more capacity to live the life of their choosing, and to help avoid homelessness and abject poverty – being approved for disability and having a regular monthly income goes a long way toward reducing stigma and discrimination. Other revenue from contributions (10% of total program cost) and Carle grant (11%). The agency is willing to pursue other sources of revenue for this program if and when those become available.

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American Rescue Plan Act Proposed Project Summary

Project: **CCMHB for DREAAM House – DREAAM Big!**

Year funding requested: **2021 2022 2023 2024**
in progress projects only - 2025 2026

Contact name, agency, phone, email: **Lynn Canfield, CCMHB, 217-367-5703, lynn@ccmhb.org**
For CCMHB funding proposal from Tracy Dace, DREAAM, 217-356-7242, tracy@dreaaam.org

Eligible uses (check those that apply): Total Requested: \$ 100,000
(\$50,000 for 6 months of 2021 and \$50,000 for 6 months of 2022)

1. support for public health expenditures
 - COVID-19 mitigation efforts (ventilation, separation/distancing, supplies)
 - medical expenses related to COVID-19
 - behavioral healthcare (treatment, hotlines, crisis intervention, outreach to promote access)
 - public health and safety staff payroll and benefits for primary COVID-19 response
 - other:
2. address negative economic impacts of COVID-19
 - assistance to individuals (food, shelter, clothing, survivor's benefits, job training)
 - loans, grants, navigators to businesses for mitigation or financial hardship
 - address health disparities (public benefits navigators, health workers; lead abatement, violence prevention)
 - investments in affordable housing
 - address educational disparities (learning services and afterschool programs)
 - healthy childhood environments (childcare, home visiting, child welfare)
 - assistance for impacted industries (tourism, travel, hospitality, other)
 - other:
3. replace public sector revenue
 - county (modernize IT, public safety, environment, facilities, roads, health, education)
 - other units/districts of government (modernize IT, public safety, environment, facilities, roads, health, education)
 - other:
4. provide premium pay for essential workers who make up to \$31.52/hr
 - county staff
 - other:
5. invest in infrastructure
 - drinking water
 - wastewater/stormwater
 - broadband access (25Mbps/3Mbps)
 - other:

This project will further the county's: IT plan facilities plan strategic plan broadband plan
 other: community-based behavioral healthcare system

Please describe if/how this project leverages other funds or provides for a key piece that will allow progress here and then attach a brief summary of the project details: **allows for expansion of in-demand academic support and social-emotional development programming which focuses on children (and their parents) most greatly impacted by COVID's health and economic impacts and community violence.**

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Summary of Project: CCMHB for DREAAM House – DREAAM Big!

For additional information or to review the original application or CCMHB priorities or policies, contact lynn@ccmhb.org.

Why it Matters: Boys aged 5-13, secondary focus on female siblings (as of summer 2020), who are experiencing and/or at risk of developing behavioral challenges with a moderate to high risk of system involvement, or who have an incarcerated parent. Parents/caregivers of children 5-13 experiencing and/or at-risk of developing challenging behavior and/or with a mental health disorder, or those who are living with chronic stress and low emotional and social support.

Evidence Based, Promising, or Innovative Approach: "Mentoring for Black Male Youth: A Systematic Review of the Research" reported that a cross-sectional study of African American male adolescents revealed that, controlling for age, the presence of natural mentors predicted a lower likelihood of ever using alcohol and protected participants from violence involvement and witnessing violence" (Sánchez, 2018). Partnering with University of Illinois to pilot in Champaign the National CARES Mentoring Program, a model for alleviating intergenerational poverty and trauma among African Americans. <https://caresmentoring.org/> Developmentally Appropriate Curriculum and Instruction - art-based education, hands-on learning, trauma-informed strategies - evidence-informed Freedom School model. <https://www.childrensdefense.org/programs/cdf-freedom-schools/> Wraparound Certification: National Center for Innovation & Excellence <https://ncfie.org/our-expertise/wraparound/>

Outcomes:

1. Increase in mental health coping skills.
2. Increase in ability to identify and apply anti-violence strategies in school and in the community.
3. Increase in emotional literacy.
4. Increase in self-regulation.
5. Decrease in stress levels among parents.
6. Increase natural, emotional, and social supports among parents.

To be Served/Completed:

115 (80 New & 35 Continuing) program participants enrolled in at least one service, including parents.
100 parents, caregivers, mentors, natural supports on wraparound teams, and other youth served.
25 outreach events, community presentations, and volunteer recruitment opportunities.
450 service activities (violence prevention, social emotional learning, mentoring, intervention sessions) screenings, school advocacy, parent workshops, support groups, parent coaching sessions, and family engagement events.

Type and Intensity of Service: Tier 1 – Universal Services: program participants receive two or more Universal Services: violence prevention programming, conflict resolution activities, targeted social emotional (SE) learning interventions, restorative practices, group-based psychotherapy (chronic stress, nutrition, etc.).
Tier 2 – Targeted Mentoring Intervention: engages 25 young boys with moderate to severe behavioral challenges, targeted mentoring services to build behavioral health and self-regulation. Black and Latinx male mentors equipped to develop skill sets to effectively mentor and develop pathways to trauma healing, cultural resilience, and self-regulation.
Tier 3 – Intensive Wraparound Services: serving 5-7 families with high fidelity, intensive wraparound services to address mental health needs. Works with families to create a goal-focused wraparound team and provide outcome-driven support to increase family resiliency. Expanded services will include culturally relevant assessment and treatment, effective parenting, school advocacy, case management, and trauma-informed care. Contracts with trained wraparound facilitators and increase capacity of wraparound services in Champaign County.

Length of Engagement: 1 year in service. Outcomes indicate participants have been engaged for 3 or more years.

Leveraging Other Resources: DREAAM House has secured several grants to sustain an evidence-informed pipeline program called Dream Big! This program increases positive educational and behavioral outcomes for marginalized boys and young men. Due to a commitment to system of care, DREAAM was awarded two major grants in late 2020. The Illinois COVID-19 Relief Fund (ICRF) grant has provided pilot services to shape the proposed FY22 grant program. ICRF monies will cover the expenses to train wraparound facilitators, supplies for wraparound teams, and mentor training costs. Second, DREAAM was awarded a 21st Century Learning Community Center grant to expand youth development programming in Champaign and Rantoul. Thus, this FY22 proposal can move beyond youth programming to further expand and prioritize services to directly address mental health and violence prevention. With over 250 shootings last year, this is a preventative call to action to support community goals to reduce gun violence.

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American Rescue Plan Act Proposed Project Summary

Project: **CCMHB for FirstFollowers – FirstSteps Reentry House**

Year funding requested: **2021 2022 2023 2024**
in progress projects only - 2025 2026

Contact name, agency, phone, email: **Lynn Canfield, CCMHB, 217-367-5703, lynn@ccmhb.org**
For CCMHB funding proposal from **Marlon Mitchell, FirstFollowers, 951-906-7271, marlonmitchell@sbcglobal.net**

Eligible uses (check those that apply): Total Requested: \$ 39,500
(\$19,750 for 6 months of 2021 and \$19,750 for 6 months of 2022)

1. support for public health expenditures
 - COVID-19 mitigation efforts (ventilation, separation/distancing, supplies)
 - medical expenses related to COVID-19
 - behavioral healthcare (treatment, hotlines, crisis intervention, outreach to promote access)
 - public health and safety staff payroll and benefits for primary COVID-19 response
 - other:
2. address negative economic impacts of COVID-19
 - assistance to individuals (food, shelter, clothing, survivor's benefits, job training)
 - loans, grants, navigators to businesses for mitigation or financial hardship
 - address health disparities (public benefits navigators, health workers; lead abatement, violence prevention)
 - investments in affordable housing
 - address educational disparities (learning services and afterschool programs)
 - healthy childhood environments (childcare, home visiting, child welfare)
 - assistance for impacted industries (tourism, travel, hospitality, other)
 - other:
3. replace public sector revenue
 - county (modernize IT, public safety, environment, facilities, roads, health, education)
 - other units/districts of government (modernize IT, public safety, environment, facilities, roads, health, education)
 - other:
4. provide premium pay for essential workers who make up to \$31.52/hr
 - county staff
 - other:
5. invest in infrastructure
 - drinking water
 - wastewater/stormwater
 - broadband access (25Mbps/3Mbps)
 - other:

This project will further the county's: IT plan facilities plan strategic plan broadband plan
 other: community-based behavioral healthcare system

Please describe if/how this project leverages other funds or provides for a key piece that will allow progress here and then attach a brief summary of the project details: **connects people to other publicly funded systems and resources and supports them toward improved economic self-sufficiency and health; leverages housing donated by HACC.**

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Summary of Project: **CCMHB for FirstFollowers – FirstSteps Reentry House**

For additional information or to review the original application or CCMHB priorities or policies, contact lynn@ccmhb.org.

Why it Matters: Target population is Champaign County residents impacted directly by criminal justice involvement. A focus on the nearly 400 people who are currently on parole from the Illinois Department of Corrections, several hundred on adult or juvenile probation. Target population lies below the median in many parameters: income, education level, and familiarity with technology. Over four-fifths of this population is male and nearly half are African American. These individuals also bear imprints from incarceration, often labelled Post-Incarceration Syndrome (PICS). This results from institutionalization, isolation and trauma during incarceration. People with PICS resemble those with PTSD. They may be inappropriately passive or aggressive, anti-social and disoriented. They are also frequently challenged in building relationships with loved ones and community members. This group faces stigma and discrimination in accessing employment, housing and public benefits. Many employers and public housing projects ban or instantly reject people with certain offenses. The stigmatization of people with felony convictions is almost universal but especially severe for those convicted of violent or sexual crimes. Moreover, there is a high incidence of gun violence within this population. The motto of FirstFollowers is "Building Community Through Reentry." Hence, those who live in our house will become part of the activities of our program. A key component of our overall program is reducing stigma. The residents of the house will become part of this work, plus they will benefit from the ongoing anti-stigma work done by FirstFollowers.

Evidence Based, Promising, or Innovative Approach: Peer Mentoring. Case manager and community navigator will both be individuals who have experienced incarceration but have been trained to provide support to people transitioning to the community. http://www.icjia.state.il.us/assets/pdf/researchreports/slm_case_study_report_051115.pdf

Outcomes:

1. Stable living situation
 2. Enhance opportunities to find employment
 3. Connect to social services agencies
 4. Build connections to the community
 5. Provide economic security
 6. Provide access to long-term housing opportunities.
- 80% of participants to graduate from workforce development course.

Will Serve/Complete:

12 (7 New & 5 Continuing) people will live in the house for one day or longer; 30 who apply but are not accepted. *Due to applications from people currently incarcerated, the numbers will fluctuate as residents might have to return to prison.*
12 drop-in center sessions attended by residents or community activities attended by residents.
10 jobs acquired by residents.

Type and Intensity of Service: FirstSteps Community House is a transition house for people returning home from men's prisons after incarceration. Agency will provide rent free housing in a five-bedroom house donated for use by the Housing Authority of Champaign, to house 2-4 people at a time. Provides furniture, appliances, some basic clothing items, food (until the person has the means to pay for their own either through employment or Link Card), Internet, computers, kitchen equipment, basic tools for cleaning and exercise equipment. Also available are a case manager, a community navigator, and a Co-Director from FirstFollowers, to assist the residents in transition, help them set up plans of action and goals, provide transportation to potential employment or service opportunities, and facilitate their integration into the community. (This proposal is to pay for two part-time staff and costs of the utilities for the house.)

Length of Engagement: 3 months to one year. After two weeks of coming into the house, resident has ID, medical card, library card, LINK card and access to any other services they need; Resident finds employment within 2 months; Resident finds alternative housing within nine months.

Leveraging Other Resources:

Housing Authority donated the house and set aside Housing Vouchers for residents who will be transitioning into the community. Once a resident is employed, they will pay 10% of their income as rent. The agency will also hold 10% of their income in a savings fund which will be given to them when they leave. Agency pursues other sources of funding.

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American Rescue Plan Act Proposed Project Summary

Project: **CCMHB for FirstFollowers – Peer Mentoring for Re-entry**

Year funding requested: **2021 2022 2023 2024**
in progress projects only - 2025 2026

Contact name, agency, phone, email: **Lynn Canfield, CCMHB, 217-367-5703, lynn@ccmhb.org**
For CCMHB funding proposal from Marlon Mitchell, FirstFollowers, 951-906-7271, marlonmitchell@sbcglobal.net

Eligible uses (check those that apply): Total Requested: \$ 95,000
(\$47,500 for 6 months of 2021 and \$47,500 for 6 months of 2022)

1. support for public health expenditures
 - COVID-19 mitigation efforts (ventilation, separation/distancing, supplies)
 - medical expenses related to COVID-19
 - behavioral healthcare (treatment, hotlines, crisis intervention, outreach to promote access)
 - public health and safety staff payroll and benefits for primary COVID-19 response
 - other:
2. address negative economic impacts of COVID-19
 - assistance to individuals (food, shelter, clothing, survivor's benefits, job training)
 - loans, grants, navigators to businesses for mitigation or financial hardship
 - address health disparities (public benefits navigators, health workers; lead abatement, violence prevention)
 - investments in affordable housing
 - address educational disparities (learning services and afterschool programs)
 - healthy childhood environments (childcare, home visiting, child welfare)
 - assistance for impacted industries (tourism, travel, hospitality, other)
 - other:
3. replace public sector revenue
 - county (modernize IT, public safety, environment, facilities, roads, health, education)
 - other units/districts of government (modernize IT, public safety, environment, facilities, roads, health, education)
 - other:
4. provide premium pay for essential workers who make up to \$31.52/hr
 - county staff
 - other:
5. invest in infrastructure
 - drinking water
 - wastewater/stormwater
 - broadband access (25Mbps/3Mbps)
 - other:

This project will further the county's: IT plan facilities plan strategic plan broadband plan
 other: community-based behavioral healthcare system

Please describe if/how this project leverages other funds or provides for a key piece that will allow progress here and then attach a brief summary of the project details: **connects people to other publicly funded systems and resources and maximizes peer mentoring, a model demonstrating success across the country and therefore of increasing priority to federal agencies – this project may leverage additional resources as a result.**

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Summary of Project: CCMHB for FirstFollowers – Peer Mentoring for Re-entry

For additional information or to review the original application or CCMHB priorities or policies, contact lynn@ccmhb.org.

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

Evidence Based, Promising, or Innovative Approach: Trauma informed care; peer mentoring; participatory action research; <https://www.witnesstomassincarceration.org/> <https://www.pbmr.org/events#RestorativeInitiatives>

Outcomes:

1. Access to employment, education, and housing (80%)
2. Access to services (80%)
3. Provide enhanced self-esteem (90%)
4. For workforce development: basic building skills, public speaking, critical thinking, basic math (80%)

Will Serve/Complete:

95 (50 New & 45 Continuing) people in workforce development or groups
290 (200 New & 90 Continuing) people using the drop-in center facilities
15 community events organized and/or attended by the agency
60 contacts with employers and landlords

Type and Intensity of Service:

- 1) Drop-In Center. Peer mentors provide support for those wanting to find employment, secure housing, or continue their education. The Peer Mentor Coordinator will oversee this work. (This proposal is to pay for peer mentors, 20% of Admin Assistant, and 40% of Executive Director's.)
- 2) Workforce Development Course. To deliver the fourth workforce development course for ten individuals (from drop-in clients and community at large). Course will last 15 weeks, 20 hours per week. Content includes: math, language and communication skills, team building, and workplace etiquette. 50% of class hours will focus on basic construction skills. Participants receive a stipend of \$12 per hour for attendance. (This proposal pays for facilitators. WIOA funds stipends.)
- 3) Anti-Stigma. Social media to educate employers and landlords about importance of employing and renting to people with felony convictions, overseen by Executive Director.
- 4) Family Support and Trauma-Informed Care. Trauma-informed care in the community; four public education events for those impacted by incarceration and/or gun violence. (This proposal is to pay for facilitation and materials.)

Length of Engagement: Drop-In-3 days; Workforce Development-5 months.

Leveraging Other Resources:

In addition to this request, anticipated revenues include: \$15,000 – WIOA; \$5,000 – Urbana City Council; \$5,000 – City of Champaign; \$3,000 – Circle of Justice; \$10,000 – Access to Justice; \$5,000 – Contributions; \$4,000 – In-Kind Contributions. The agency pursues relevant funding opportunities to meet increased needs.

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American Rescue Plan Act Proposed Project Summary

Project: **CCMHB for Rosecrance Central Illinois - Prevention**

Year funding requested: **2021 2022 2023 2024**
in progress projects only - 2025 2026

Contact name, agency, phone, email: **Lynn Canfield, CCMHB, 217-367-5703, lynn@ccmhb.org**
For CCMHB funding proposal from Gail Raney, Rosecrance, 217-356-7576, graney@rosecrance.org

Eligible uses (check those that apply):

Total Requested: \$ 60,000
(\$30,00 for 6 months of 2021 and \$30,000 for 6 months of 2022)

1. support for public health expenditures
 - COVID-19 mitigation efforts (ventilation, separation/distancing, supplies)
 - medical expenses related to COVID-19
 - behavioral healthcare (treatment, hotlines, crisis intervention, outreach to promote access)
 - public health and safety staff payroll and benefits for primary COVID-19 response
 - other:
2. address negative economic impacts of COVID-19
 - assistance to individuals (food, shelter, clothing, survivor's benefits, job training)
 - loans, grants, navigators to businesses for mitigation or financial hardship
 - address health disparities (public benefits navigators, health workers; lead abatement, violence prevention)
 - investments in affordable housing
 - address educational disparities (learning services and afterschool programs)
 - healthy childhood environments (childcare, home visiting, child welfare)
 - assistance for impacted industries (tourism, travel, hospitality, other)
 - other:
3. replace public sector revenue
 - county (modernize IT, public safety, environment, facilities, roads, health, education)
 - other units/districts of government (modernize IT, public safety, environment, facilities, roads, health, education)
 - other:
4. provide premium pay for essential workers who make up to \$31.52/hr
 - county staff
 - other:
5. invest in infrastructure
 - drinking water
 - wastewater/stormwater
 - broadband access (25Mbps/3Mbps)
 - other:

This project will further the county's: IT plan facilities plan strategic plan broadband plan
 other: community-based behavioral healthcare system

Please describe if/how this project leverages other funds or provides for a key piece that will allow progress here and then attach a brief summary of the project details: **as substance abuse prevention education through schools, the program increases participation in the statewide youth survey, which results in better data and planning (including for other types of funding) for this community.**

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Summary of Project: CCMHB for Rosecrance Central Illinois – Prevention Services
For additional information or to review the original application or CCMHB priorities or policies, contact lynn@ccmhb.org.

Why it Matters: The federal Substance Abuse and Mental Health Services Administration (SAMHSA) associates a high return on investment for this model of youth substance abuse prevention education. This proposal is to fund a portion (13%) of the total program offered by the state-certified community mental health provider for the benefit of:

- 1) **Youth:** determined through student prevalence/at risk identification (primary source is Illinois Youth Survey), requests from school personnel and existing relationships, marketing strategies and key stakeholders/coalition meetings attended by Prevention staff. Focus on 4th-9th grades but not limited to this age group.
- 2) **Parents:** of students receiving substance abuse prevention education. Parent education information is distributed to students receiving prevention education to increase parents' knowledge of alcohol and drugs, to encourage communication between parents and their children, and to provide additional resources for parents.
- 3) **Community:** to strengthen youth substance abuse and prevention education, strong relationships with youth-based agencies and other partners, participation in coalitions/committees to increase awareness, communication campaigns to encourage community members' engagement in prevention (e.g., prescription drug take back days, special events), and annual Red Ribbon Campaign to schools to promote drug awareness and healthy choices.

Evidence-based, Promising, or Innovative Approach: The Mendez Foundation's Too Good For Drugs (TGFD) and Too Good For Violence (TGFV) Programs. <https://toogoodprograms.org/> - SAMHSA Model Programs evaluated by the National Registry of Evidence-Based Programs and Practices.

Outcomes: to improve youth knowledge and attitudes about alcohol, drugs and/or violence. Data collected through TGFD/TGFV pre/post-tests. Additional data collected every 2 years on the Illinois Youth Survey (IYS), a validated tool created by the University of Illinois' Center for Prevention Research & Development.

Will Complete:

975 community service events

Type and Intensity of Service:

- Too Good for Drugs (TGFD) and Too Good for Violence (TGFV) curricula, with facts about alcohol, tobacco, and other drugs as well as life skills and violence/bullying prevention - SAMHSA Model Programs found by US Dept of Ed to have positive effect on students' behavior & knowledge, attitudes & values.
- Grade specific, interactive teaching methods to encourage students to bond with peers: skits, cooperative learning games, small group activities, and discussions. TGFD/TGFV meet IL State Standards required for Health Education, with family components for each grade level, "home workouts" to reinforce skills and provide information about harm/risk of drug use, tips for parents, and prevention information. Parents become more likely to reinforce prevention skills and norms of non-use, to support and participate in school-related activities, and to communicate a clear message regarding drug-use.
- Specialized presentations to parents/teachers upon request. Active on the Walk as One Community Coalition. Specialized services for community members and organizations upon request, including presenting about signs of use and abuse, and on the importance of prevention at Urbana School District 116 professional development day. Outreach to schools to offer to talk to PTA about substance use and prevention tools to use at home. Weekly to Edison MS, Jefferson MS, Franklin MS, Fisher Junior HS, Unity East Elementary, Dr. King Elementary, Dr. Williams Elementary, Leal Elementary, Centennial HS, Central HS, Mahomet-Seymour HS, and Urbana MS. Serves rural residents at schools or community sites in participating townships; offers virtual programming.

Leveraging Other Resources:

Also funded by the State of Illinois. CCMHB funding allows Prevention Team to spread the prevention message more broadly by serving a larger population (youth and adults) through a wider variety of services. The state funding is limited to only serving specific age groups, 6-8th grades, and only allows for the provision of prescriptive prevention activities. This funding proposal would allow Rosecrance to reach out and respond to school, parent, and community needs outside of the parameters set by the State of Illinois funding.

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American Rescue Plan Act Proposed Project Summary

Project: CCMHB for Terrapin Station Sober Living – Recovery Home

Year funding requested: **2021 2022 2023 2024**
in progress projects only - 2025 2026

Contact name, agency, phone, email: **Lynn Canfield, CCMHB, 217-367-5703, lynn@ccmhb.org**
For CCMHB funding proposal from Nelson Novak, Terrapin Station, 217-417-9020,
NelsonNovak@terrapinstationsoberliving.org

Eligible uses (check those that apply):

Total Requested: \$ 47,000

(\$23,500 for 6 months of 2021 and \$23,500 for 6 months of 2022)

1. support for public health expenditures
 - COVID-19 mitigation efforts (ventilation, separation/distancing, supplies)
 - medical expenses related to COVID-19
 - behavioral healthcare (treatment, hotlines, crisis intervention, outreach to promote access)
 - public health and safety staff payroll and benefits for primary COVID-19 response
 - other:
2. address negative economic impacts of COVID-19
 - assistance to individuals (food, shelter, clothing, survivor's benefits, job training)
 - loans, grants, navigators to businesses for mitigation or financial hardship
 - address health disparities (public benefits navigators, health workers; lead abatement, violence prevention)
 - investments in affordable housing
 - address educational disparities (learning services and afterschool programs)
 - healthy childhood environments (childcare, home visiting, child welfare)
 - assistance for impacted industries (tourism, travel, hospitality, other)
 - other:
3. replace public sector revenue
 - county (modernize IT, public safety, environment, facilities, roads, health, education)
 - other units/districts of government (modernize IT, public safety, environment, facilities, roads, health, education)
 - other:
4. provide premium pay for essential workers who make up to \$31.52/hr
 - county staff
 - other:
5. invest in infrastructure
 - drinking water
 - wastewater/stormwater
 - broadband access (25Mbps/3Mbps)
 - other:

This project will further the county's: IT plan facilities plan strategic plan broadband plan
 other: community-based behavioral healthcare system and collaboration with Drug Court

Please describe if/how this project leverages other funds or provides for a key piece that will allow progress here and then attach a brief summary of the project details: **connects people to other publicly funded systems and resources and supports them toward improved economic self-sufficiency and health; positions the organization for growth.**

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Summary of Project: CCMHB for Terrapin Station Sober Living – Recovery Home
For additional information or to review the original application or CCMHB priorities or policies, contact lynn@ccmhb.org.

Why it Matters:

This small, new, peer-centered organization serves individuals who have substance use disorders, mental illness, physical disabilities, and homelessness, and who are in need of: structured sober/recovery based living, step down from substance use residential treatment, the military, or transitioning from criminal justice system - jail, prison, probation/parole; gradual adjustment to community living, while increasing sustainability of recovery efforts. Some of its current residents/clients are Drug Court participants, and other collaborations (CU Public Health, e.g.) are in place.

Evidence Based, Promising, or Innovative Approach:

Peer Based Recovery Services - <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>
Strength Based Case Management - <https://positivepsychology.com/strengths-based-interventions/>

Outcomes:

Decreased likelihood of relapse, homelessness, recidivism, and gradually adjustment to community living, while increasing sustainability of recovery efforts. Goal: 50% of individuals participating in the program will complete the program successfully and transition to community living.

Will Serve:

40 individuals will participate in the program.

Type and Intensity of Service:

Strengths-based case management, grounded in the principles that all individuals have the capacity to change and grow. The focus is on individual strengths, not pathology. The individual is the director of their care and their recovery.

- Staff provides: weekly group services and house meetings; intensive case management based on individualized needs; support activities for daily living and relapse prevention skills; access to vocational/educational programs; assistance in linking clients to medical, psychiatric, counseling, and dental services in the community; education on money management/budgeting; education on accessing peer or community supports and activities such as church, AA/NA meetings, other sobriety based/mental health support groups; recreational activities; transportation services; and provision of service work/volunteer/work opportunities.
- Upon request: Animal Therapy, Aroma Therapy, Transcendental Meditation Sessions, Red Light Therapy, Group Music Sessions, Music Lessons, Drum Circles, Education on how to turn Street Smarts into legitimate entrepreneurial enterprises, Health Coaching for those suffering from eating disorders, Vitamin Deficiency and or Obesity, and cultural impact of drugs over the past Century. Individuals are drug tested on a random basis.

Services and supports provided within the recovery home and in the community, on a daily basis. Staff include the house manager, a peer mentor in recovery, and a Licensed Clinical Social Worker.

Length of Engagement: 3 months

Leveraging Other Resources:

As a small, relatively new organization, other sources of revenue are from contributions, fundraising, and sales of art.

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American Rescue Plan Act Proposed Project Summary

Project: **CCMHB for The Well Experience – Family Services**

Year funding requested: **2021 2022 2023 2024**
in progress projects only - 2025 2026

Contact name, agency, phone, email: **Lynn Canfield, CCMHB, 217-367-5703, lynn@ccmhb.org**
For MHB funding proposal from Stephanie Cockrell, Well Experience, 217-418-8832, scockrell@thewellexperience.org

Eligible uses (check those that apply):

Total Requested: **\$ 80,000**
(\$40,000 for 6 months of 2021 and \$40,000 for 6 months of 2022)

1. support for public health expenditures
 - COVID-19 mitigation efforts (ventilation, separation/distancing, supplies)
 - medical expenses related to COVID-19
 - behavioral healthcare (treatment, hotlines, crisis intervention, outreach to promote access)
 - public health and safety staff payroll and benefits for primary COVID-19 response
 - other:
2. address negative economic impacts of COVID-19
 - assistance to individuals (food, shelter, clothing, survivor's benefits, job training)
 - loans, grants, navigators to businesses for mitigation or financial hardship
 - address health disparities (public benefits navigators, health workers; lead abatement, violence prevention)
 - investments in affordable housing
 - address educational disparities (learning services and afterschool programs)
 - healthy childhood environments (childcare, home visiting, child welfare)
 - assistance for impacted industries (tourism, travel, hospitality, other)
 - other:
3. replace public sector revenue
 - county (modernize IT, public safety, environment, facilities, roads, health, education)
 - other units/districts of government (modernize IT, public safety, environment, facilities, roads, health, education)
 - other:
4. provide premium pay for essential workers who make up to \$31.52/hr
 - county staff
 - other:
5. invest in infrastructure
 - drinking water
 - wastewater/stormwater
 - broadband access (25Mbps/3Mbps)
 - other:

This project will further the county's: IT plan facilities plan strategic plan broadband plan
 other: community-based behavioral healthcare system

Please describe if/how this project leverages other funds or provides for a key piece that will allow progress here and then attach a brief summary of the project details: **allows for new, in-demand group programming focused on women and girls most impacted by COVID's health and economic impacts and community violence. The agency is aggressively pursuing funding from relevant sources so that the programs can grow to meet growing needs.**

Summary of Project: CCMHB for The Well Experience – Family Services

For additional information or to review the original application or CCMHB priorities or policies, contact lynn@ccmhb.org.

Why it Matters:

The WELL Experience is a new community organization that provides services, primarily through group work, to disadvantaged, marginalized, and oppressed populations with focus on African American girls' teens, women, and families with social support needs. Offers specific programs for girls 5 to 18, women 19 years and up, pregnant and parenting teenage girls ages 11 - 20 years, and families (wraparound, crisis management, mental health support). The agency's goal is never to turn away family in need of support; if unable to provide what is needed, they will connect families with partnering agencies.

Evidence Based, Promising, or Innovative Approach:

https://www.nami.org/Your_Journey/Identity-and-Cultural-Dimensions/Black-African-American

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2854624/>

https://www.iirp.edu/images/conf_downloads/OAQIEm_The_Future_of_Healing_Shifting_From_Trauma_Informed_Care_to_Healing_Centered_Engagement_Ginwright_2018.pdf

Outcomes:

Improved functioning for: Girls in social-emotional learning programs; families attending culturally relevant and competent family programs; Black women attending in-person or virtual racial healing circles; Black girls enrolled in 'Girls to Life' programs and working to develop a positive home, school, and community identity; Families receiving the newsletter, connected to agency social media platforms, and aware of the programs offered; Underserved children enrolled in safe summer and afterschool programs at TWE; and Teens attending TEEN Night and receiving teen services. Data collection includes: assessments (of functioning, severity, strengths, difficulties, and outcomes rating scales); demographic information; types of services, and services received; semi-annual survey and interview data from participants (about services, supports, and needs); data at intake and monthly from those participating in programs and from (youth, teens, adults, and families) engaging in programs, events, and sessions.

Type and intensity of service:

1) Wraparound Support - Holistically support the family's needs by implementing case & crisis management, therapeutic support, and healing-centered engagement. 2) Universal Support - Group learning sessions (workforce readiness, career development, etc.) open to the community. 3) RENEW Her - Focuses on healing and restoring Women and Girls after involvement in the justice system. Preventive support for middle and high school girls. 4) WELL Mentoring - Intensive mentoring for women, girls, and WELL families. 5) Girls To Life - A culturally responsive intervention for Black girls (K-12) that provides social-emotional learning, academic support, psychological recovery, etc. 6) The SET - A safe space for women to participate in motivational, educational, healing, and restorative activities. 7) Well Teen Moms - A safe space for pregnant and parenting teenage girls. Wraparound Services, parenting groups, case management, psychotherapy, advocacy, and resources. 8) HERE For The Girl - Racial Healing Circles for Black Women and Girls that promote conversations and activities in a trauma-informed, healing-centered environment. 9) TEEN Talk - A safe space for adolescence to have healthy conversations and psychotherapy with trained professionals. 10) Family Game Night - Builds family relationships with the goal of enhancing family connectedness and resilience. 11) Well Fitness - Exercise and empowerment for women and children. Focuses on the overall wellness of individuals' physical and mental health. 12) Mothering While Black - Support for Black mothers to learn, teach, share challenges and positive moments with their children, and discuss racial and systemic issues that affect their children. 13) Remote Learning Hub - Academic support for students of underserved families who experienced inequitable outcomes due to school closures. Academic Support, Social-emotional learning, and STEM. 14) WELL Kids Summer - (Beginning Summer 2021) Safe space for K - 8th-grade students during the summer months. Academic Support, Social-emotional learning, and STEM. 15) After School Program - (Beginning Fall 2021) Safe space for K-8th grade students during academic school year. Academic Support, Social-emotional learning, and STEM.

Length of Engagement:

6 months to 1 year. Universal supports may continue long after program completion.

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American Rescue Plan Act Proposed Project Summary

Project: **CCMHB for Women in Need Recovery**

Year funding requested: **2021 2022 2023 2024**
in progress projects only - 2025 2026

Contact name, agency, phone, email: **Lynn Canfield, CCMHB, 217-367-5703, lynn@ccmhb.org**
For CCMHB funding proposal from **Bethany Little, WIN Recovery, 217-766-3413, bethany@win4recovery.com**

Eligible uses (check those that apply):

Total Requested: \$ **69,488**
(\$34,744 for 6 months of 2021 and \$34,744 for 6 months of 2022)

1. support for public health expenditures
 - COVID-19 mitigation efforts (ventilation, separation/distancing, supplies)
 - medical expenses related to COVID-19
 - behavioral healthcare (treatment, hotlines, crisis intervention, outreach to promote access)
 - public health and safety staff payroll and benefits for primary COVID-19 response
 - other:
2. address negative economic impacts of COVID-19
 - assistance to individuals (food, shelter, clothing, survivor's benefits, job training)
 - loans, grants, navigators to businesses for mitigation or financial hardship
 - address health disparities (public benefits navigators, health workers; lead abatement, violence prevention)
 - investments in affordable housing
 - address educational disparities (learning services and afterschool programs)
 - healthy childhood environments (childcare, home visiting, child welfare)
 - assistance for impacted industries (tourism, travel, hospitality, other)
 - other:
3. replace public sector revenue
 - county (modernize IT, public safety, environment, facilities, roads, health, education)
 - other units/districts of government (modernize IT, public safety, environment, facilities, roads, health, education)
 - other:
4. provide premium pay for essential workers who make up to \$31.52/hr
 - county staff
 - other:
5. invest in infrastructure
 - drinking water
 - wastewater/stormwater
 - broadband access (25Mbps/3Mbps)
 - other:

This project will further the county's: IT plan facilities plan strategic plan broadband plan
 other: community-based behavioral healthcare system

Please describe if/how this project leverages other funds or provides for a key piece that will allow progress here and then attach a brief summary of the project details: **connects people to other publicly funded systems and resources and supports them toward improved economic self-sufficiency and health; leverages housing donated by HACC.**

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Summary of Project: **CCMHB for Women in Need Recovery**

For additional information or to review the original application or CCMHB priorities or policies, contact lynn@ccmhb.org.

Evidence Based, Promising, or Innovative Approach/Why it Matters: Peer Mentoring. Part of the Sisterhood Alliance for Freedom and Equality (SAFE) Housing Network, created in 2018 by A New Way of Life (ANWOL) Reentry Project founder Susan Burton. A project of ANWOL, the SAFE Housing Network is dedicated to supporting replication of ANWOLs innovative, internationally acclaimed, community-based, health-promoting reentry model. ANWOL Replication Study (2018) details the success of this approach, emphasizing first-hand lived experience. WIN Recovery has the unique advantage of being the first to replicate the model. The ANWOL Narrative Evaluation (2020) found their residents felt better equipped to reintegrate into society. Residents had a new sense of agency and autonomy as ANWOL draws upon the strengths of each individual. Homes once described as an extension of prison now described as welcoming and homey. The ANWOL philosophy had a "profound impact on the atmosphere, programming, and lived experience of the women residing in HAHH." <https://anewwayoflife.org/safe-housing-network/>

Outcomes:

1. Maintain Sobriety
 2. Decrease in reliance on Mental/Behavioral Health Services
 3. Obtain Stable Housing
 4. Obtain Employment
 5. Access to Education
 6. Family Reunification
 7. Program Completion
 8. No Recidivism.
- 98% will attain the 12 evidence-based benchmarks from A New Way of Life's Safe House Replication model.

Will Serve/Complete:

- 30 residents of the house, with recovery support plan upon entering the program
- Any # of family members reunited with the client/resident during service engagement
- 20 contacts with people not eligible for the program and therefore referred to similar organizations
- 7 community events (e.g., fee drive-in viewing of the movie Just Mercy)

Type and Intensity of Service:

- Gender-responsive, trauma-informed, health-promoting services for women and LGBTQ2+ individuals who struggle with substance use disorder or co-occurring diagnosis, as an alternative to incarceration upon reentry:
- Service navigation and assistance to meet individualized self-identified needs that may include but not limited to; (a) housing, (b) case management, (c) WIN Recovery Support Plan contains self-identified goals and assessments of progress, (d) physical/mental/emotional health care services, (e) substance misuse/trauma recovery, (f) education, (g) employment, (h) legal assistance, (i) leadership training, (j) peer-facilitated support groups, (k) civic participation/community outreach, (l) family therapy/reunification, (m) compliance with parole/probation/DCFS/other agencies and (n) recovery-based programming.
 - Will use funds for consumables, general operating supplies, occupancy expense, specific assistance, equipment purchases and lease/rental. When residents first arrive, the agency provides food, bedding, laundry supplies, and other necessities allowing them to focus on their recovery. All residents will receive the curriculum books for trauma, parenting, and recovery classes. Funding will also help residents with fees they accumulated while incarcerated, DCFS, or drug court.
 - Transitional housing, services based on client's individual recovery - all services within the home, outsourcing services that require professional credentials. Post-onsite living phase, assistance and support as needed.
- Length of Engagement:** 275 to 365 days, depending on the client's mental and economic stability.

Leveraging Other Resources:

Housing Authority of Champaign County has donated the property and set aside 12 Housing Vouchers for residents who will be transitioning into the community. Other revenue for the program is from: A New Way of Life (19% of total); Pritzker Foundation (16%); Criminal Justice Initiative Leadership Circle (11%); Walmart grants (2%).

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MHB Allocation Recommendations PY22 11/2021	Agency	Program	Priority Crisis	Priority Innovation	Priority System of C/I/DD	Priority C/I/DD	ARPA PY22 ONE YEAR	MHB PY22 ONE YEAR	MHB PY22-23 TWO YEAR
RPC - Community Services	Justice Diversion - EXPANDED Youth Assessment Center		\$76,350				\$207,948		\$76,350
ampaign County Children's Advocacy Center	Children's Advocacy Center		\$56,425						\$56,425
ampaign County Christian Health Center	Mental Health Care at CCCHC			\$33,000					\$33,000
ampaign County Head Start/Early Head Start	Early Childhood Mental Health Services				\$204,370	\$121,999		\$326,369	
ampaign County Health Care Consumers	CHW Outreach and Benefit Enrollment Justice Involved CHW Services & Benefits Disability Services - NEW		\$77,394	\$80,274			\$71,500		\$80,274 \$77,394
ommunity Svc Center of Northern Champaign Co.	Resource Connection			\$68,609					\$68,609
isis Nursery	Beyond Blue Champaign County				\$90,000		\$100,000		\$90,000
REAAM House	DREAM Big								
velopmental Services Center	Family Development					\$596,522			\$596,522
on Moyer Boys and Girls Club (DMBGC)	CU Change CUNC Community Coalition Summer Initiatives Youth and Family Services				\$100,000 \$110,000 \$107,000 \$160,000			\$107,000	\$100,000 \$110,000 \$160,000
ast Central IL Refugee Mutual Assistance Center	Family Support & Strengthening			\$62,000					\$62,000
amily Service of Champaign County	Counseling Self-Help Center Senior Counseling & Advocacy		\$30,000	\$28,430 \$162,350					\$30,000 \$28,430 \$162,350
irstFollowers	First Steps Reentry House Peer Mentoring for Re-entry						\$39,500 \$95,000		
lahomet Area Youth Club	Bulldogs Learning and Succeeding MAYC Members Matter!				\$15,000 \$21,905				\$15,000 \$21,905
Rape Advocacy, Counseling & Education Services	Sexual Violence Prevention Education			\$63,000					\$63,000
Rattle the Stars	Suicide Prevention Education			\$86,500				\$86,500	
Rosecrance Central Illinois	Fresh Start Prevention Services Specialty Courts		\$85,409 \$169,464				\$60,000		\$169,464
Terrapin Station Sober Living	Recovery Home - NEW						\$47,000		
The UP Center of Champaign County	Children, Youth, & Families Program				\$86,603				\$86,603
The WELL Experience	Family Services				\$25,500		\$80,000		\$25,500
Urbana Neighborhood Connections	Community Study Center						\$69,488		
WIN Recovery	Re-Entry & Recovery Home								
TOTAL			\$495,042	\$584,163	\$920,378	\$718,521	\$770,436	\$605,278	\$2,112,826

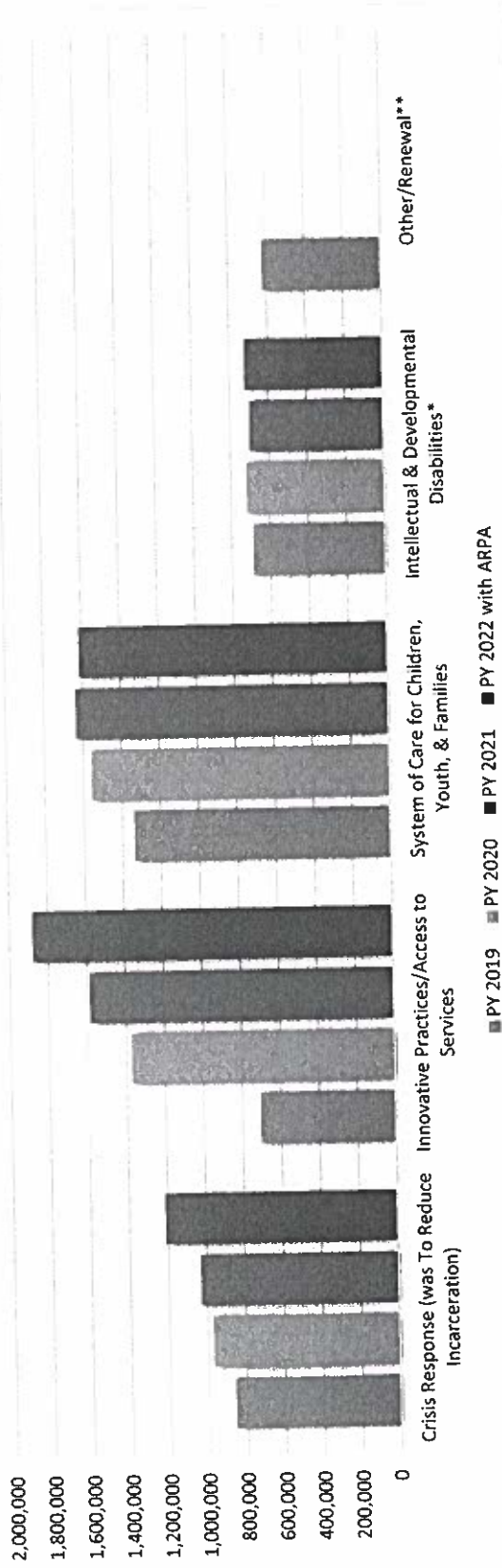
CCMHB Allocation PY21-22 Multi Year Awards 7/21/2021	Agency	Program	Priority Crisis Resp	Priority Innovation/	Priority System of C/I/DD	Priority C/I/DD		PY21-22 MxYr Award
CCRPC - Community Services	Homeless Services System Coordination			\$51,906				\$51,906
Courage Connection	Courage Connection				\$127,000			\$127,000
Cunningham Childrens Home	ECHO Housing and Employment Support Parenting Model Implementation			\$101,604	\$403,107			\$101,604 \$403,107
GROW in Illinois	Peer-Support			\$77,239				\$77,239
Promise Healthcare	Mental Health Services with Promise Promise Healthcare Wellness			\$350,117 \$107,987				\$350,117 \$107,987
Rosecrance Central Illinois	Criminal Justice PSC Crisis, Access, & Benefits Recovery Home		\$304,350	\$203,960 \$200,000	\$530,107	\$0		\$304,350 \$203,960 \$200,000 \$1,927,270
CCMHB TOTAL				\$1,092,813	\$530,107	\$0		\$4,645,374

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CCMHB Appropriations (contract awards) by Priority and Program Year (updated by ARP funds)

Priority	PY 2019	PY 2020	PY 2021	PY 2022 with ARPA
Crisis Response (was To Reduce Incarceration)	857,377	\$970,847	\$1,030,812	\$1,211,328
Innovative Practices/Access to Services	\$703,599	\$1,371,244	\$1,585,589	\$1,875,476
System of Care for Children, Youth, & Families	\$1,335,789	\$1,553,310	\$1,631,266	\$1,610,485
Intellectual & Developmental Disabilities*	\$685,885	\$716,750	\$696,137	\$718,521
Other/Renewal**	\$619,279	\$0	\$0	\$0
Total	\$4,201,929	\$4,612,151	\$4,943,804	\$5,415,810

Awards by Priority Category and Program Year



* PY19 and PY20 amounts include \$50,000 allocated to CILA mortgage. The CCMHB paid off both mortgages later in PY20, eliminating this expense in PY21 and PY22.

** Applications submitted under the Other category in PY19 were submitted under different priorities in PY20. Funds awarded in PY19 to Crisis Nursery Beyond Blue are included in the SOC total for PY20, PY21, and PY22. RACES Sexual Violence Prevention Education is in SOC total for PY20 and PY21, and under Innovative Practices for PY22. ECIRMAC Family Support and Strengthening, Promise Healthcare Mental Health Services, and Rosecrance Crisis, Access, and Benefits are included in Innovative Practices in PY20, PY21, and PY22. With the current broad priority categories, many programs could be classified under more than one, but all must select just one.

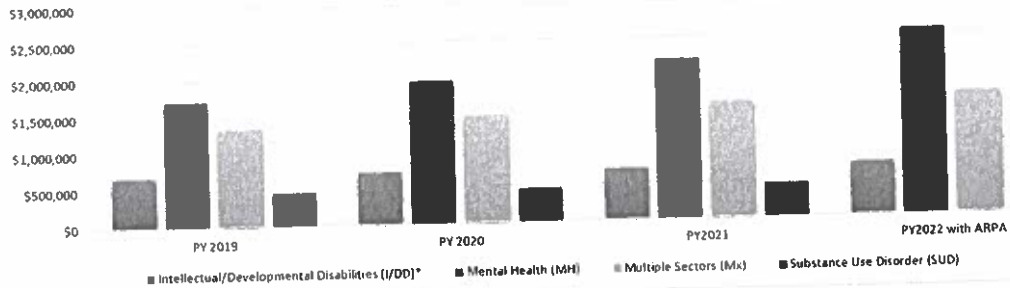
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CCMHB Appropriations by Sector, Population, and Service for Program Years 2019-2022 (updated with ARPA funds)

Community Based Service Sector	PY 2019	PY 2020	PY2021	PY2022 with ARPA
Intellectual/Developmental Disabilities (I/DD)*	\$685,885	\$716,750	\$696,137	\$718,521
Mental Health (MH)	\$1,719,653	\$1,964,896	\$2,191,609	\$2,552,816
Multiple Sectors (Mx)	\$1,333,391	\$1,467,505	\$1,593,058	\$1,668,009
Substance Use Disorder (SUD)	\$463,000	\$463,000	\$463,000	\$476,464
Total	\$4,201,929	\$4,612,151	\$4,943,804	\$5,415,810

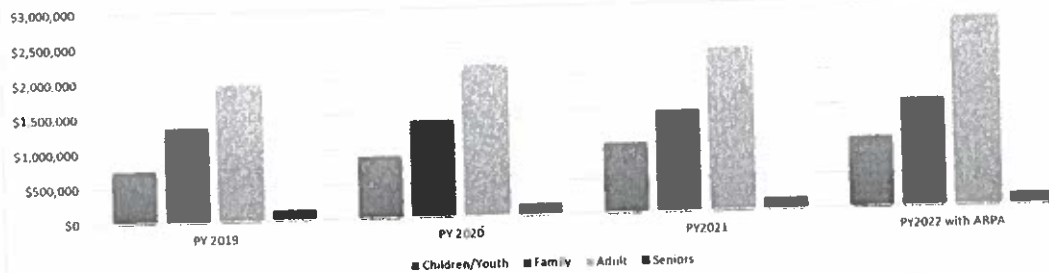
* CILA mortgage paid off in PY20.

Community Based Service Sector



Targeted Population Group	PY 2019	PY 2020	PY2021	PY2022 with ARPA
Children/Youth	\$741,829	\$891,874	\$993,625	\$1,004,920
Family	\$1,356,934	\$1,378,730	\$1,443,032	\$1,534,861
Adult	\$1,960,829	\$2,179,197	\$2,344,797	\$2,713,679
Seniors	\$142,337	\$162,350	\$162,350	\$162,350
Total	\$4,201,929	\$4,612,151	\$4,943,804	\$5,415,810

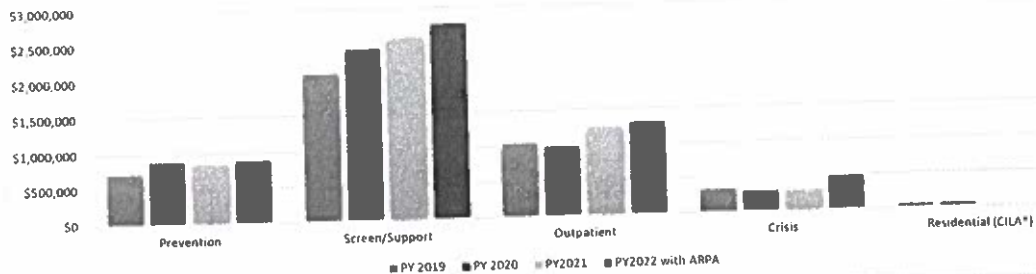
Targeted Population Group



Type of Service	PY 2019	PY 2020	PY2021	PY2022 with ARPA
Prevention	\$714,262	\$882,127	\$838,403	\$881,403
Screen/Support	\$2,081,024	\$2,418,401	\$2,577,969	\$2,762,261
Outpatient	\$1,036,129	\$982,355	\$1,248,164	\$1,303,813
Crisis	\$320,514	\$279,268	\$279,268	\$468,333
Residential (CILA*)	\$50,000	\$50,000	\$0	\$0
Total	\$4,201,929	\$4,612,151	\$4,943,804	\$5,415,810

* CILA mortgage paid off in PY20.

Type of Service



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CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD
CHAMPAIGN COUNTY
MENTAL HEALTH BOARD

10.D.

CCMHB 2021-2022 Meeting Schedule

5:45PM Wednesday after the third Monday of each month

Brookens Administrative Building, 1776 East Washington Street, Urbana, IL

<https://us02web.zoom.us/j/81393675682> 312-626-6799, Meeting ID: 813 9367 5682

- September 22 – Shields-Carter Room
- October 20 – Shields-Carter Room
- October 27 – *study session* - TBD
- November 17 – Shields-Carter Room
- December 15 – Shields-Carter Room - *tentative*
- January 19, 2022 – Shields-Carter Room
- January 26, 2022 – *study session* - Shields-Carter Room
- February 16, 2022 – *study session* - Shields-Carter Room
- February 23, 2022 – Shields-Carter Room
- March 23, 2022 – Shields-Carter Room
- March 30, 2022 – *study session* - Shields-Carter Room
- April 20, 2022 – Shields-Carter Room
- April 27, 2022 – *study session* - Shields-Carter Room
- May 18, 2022 – *study session* - Shields-Carter Room
- May 25, 2022 – Shields-Carter Room
- June 22, 2022 – Shields-Carter Room
- July 20, 2022 – Shields-Carter Room
- September 21, 2022 – Shields-Carter Room
- September 28, 2022 – *study session* - Shields-Carter Room
- October 19, 2022 – Shields-Carter Room
- October 26, 5:45PM – *study session with CCMHB* - Shields-Carter
- November 16, 2022 – Shields-Carter Room (*off cycle*)
- December 21, 2022 – Shields-Carter Room (*off cycle*) - *tentative*

This schedule is subject to change due to unforeseen circumstances.

Please email stephanie@ccmhb.org to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate.

Meetings are archived at <http://www.co.champaign.il.us/mhbddb/MHBMeetingDocs.php>

Public Input: All meetings and study sessions include time for members of the public to address the Board. All are welcome to attend meetings, using the Zoom options or in person, in order to observe and to offer thoughts during "Public Participation". For support to participate, let us know how we might help by emailing stephanie@ccmhb.org.

If the time of the meeting is not convenient, you may still communicate with the Board by emailing stephanie@ccmhb.org any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated but be aware that the time for each person's comments may be limited to five minutes.

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CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD
CHAMPAIGN COUNTY
MENTAL HEALTH BOARD

CCDDB 2021-2022 Meeting Schedule

9:00AM Wednesday after the third Monday of each month
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL
<https://us02web.zoom.us/j/81559124557> 312-626-6799, Meeting ID: 815 5912 4557

- September 22 – Putman Room
- October 20 – Shields-Carter Room
- November 17 – TBD (*Shields-Carter Room unavailable*)
- December 15 – Shields-Carter Room
- January 19, 2022 – Shields-Carter Room
- February 23, 2022 – Shields-Carter Room
- March 23, 2022 – Shields-Carter Room
- April 20, 2022 – Shields-Carter Room
- May 18, 2022 – Shields-Carter Room
- June 22, 2022 – Shields-Carter Room
- July 20, 2022 – Shields-Carter Room
- August 17, 2022 – Shields-Carter Room
- September 21, 2022 – Shields-Carter Room
- October 19, 2022 – Shields-Carter Room
- October 26, 5:45PM – Shields-Carter – study session with CCMHB
- November 16, 2022 - Shields-Carter Room
- December 21, 2022 – Shields-Carter Room

This schedule is subject to change due to unforeseen circumstances.

Please email stephanie@ccmhb.org to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate.

All meetings and study sessions include time for members of the public to address the Board.

Meetings are posted in advance and recorded and archived at

<http://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php>

Public Input: All are welcome to attend the Board's meetings, using the Zoom options or in person, in order to observe and to offer thoughts during the "Public Participation" period of the meeting. For support to participate in a meeting, let us know how we might help by emailing stephanie@ccmhb.org.

If the time of the meeting is not convenient, you may still communicate with the Board by emailing stephanie@ccmhb.org any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated but be aware that the time for each person's comments may be limited to five minutes.

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**IMPORTANT DATES - DRAFT 2021-2022 Meeting Schedule with Subjects,
Agency and Staff Deadlines, and Allocation Timeline for PY2023**

The schedule offers dates and subject matter of meetings of the Champaign County Mental Health Board. Subjects are not exclusive to any given meeting, as other matters requiring Board review or action may also be addressed. Study sessions may be scheduled on topics raised at meetings, brought by staff, or in conjunction with the CCDDDB. Included are tentative dates for steps in the funding allocation process for PY23 and deadlines related to PY21 and PY22 agency contracts. **Meetings and study sessions are scheduled to begin at 5:45PM; these may be confirmed by Board staff.**

- 8/27/21 *Agency PY2021 4th Q Reports, CLC Progress Reports, and Annual Performance Measure Reports due*
- 9/22/21 **Regular Board Meeting**
Draft Three Year Plan 2022-2024 with 2022 Objectives
- 9/30/21 *Deadline for some agency revisions, if by Special Provision*
- 10/20/21 **Regular Board Meeting**
Release Draft Program Year 2023 Allocation Criteria
- 10/27/21 **Study Session**
- 10/29/21 *Agency PY2022 First Quarter Reports Due*
- 11/17/21 **Regular Board Meeting**
Approve Three Year Plan with FY2022 Objectives
Allocation Decision Support – PY23 Allocation Criteria
- 12/13/21 *Public Notice of Funding Availability to be published on or before, giving at least 21-day notice of application period.*
- 12/15/21 **Regular Board Meeting – tentative**
- 12/31/21 *Agency Independent Audits, Reviews, or Compilations due*
- 1/3/22 *Online System opens for Applications for PY2023 Funding*
- 1/19/22 **Regular Board Meeting**
- 1/26/22 **Study Session: Mid-Year Program Presentations**
- 1/28/22 *Agency PY22 2nd Q Reports and CLC Progress Reports due*
- 1/31/22 *Deadline for updated agency eligibility questionnaires*
- 2/11/22 *Deadline for submission of applications for PY23 funding.
Online system will not accept any forms after 4:30PM.*

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2/16/22 **Study Session:** Mid-Year Program Presentations

2/16/22 *List of Requests for PY2023 Funding assembled*

2/23/22 **Regular Board Meeting**
Discussion of Board Members' Review of Proposals;
Mid-year updates on new agency programs

3/23/22 **Regular Board Meeting:** FY2021 Annual Report
(includes utilization data from agencies for PY21)

3/30/22 **Study Session:** Mid-Year Program Presentations

4/13/22 *Program summaries released to Board, copies posted
online with CCMHB April 20, 2022 meeting agenda*

4/20/22 **Regular Board Meeting**
Program Summaries Review and Discussion

4/27/22 **Study Session**
Program Summaries Review and Discussion

4/29/22 *Agency PY2022 3rd Quarter Reports due*

5/11/22 *Allocation recommendations released to Board; copies
posted online with CCMHB study session agenda*

5/18/22 **Study Session:** Allocation Recommendations

5/25/22 **Regular Board Meeting**
Allocation Decisions; Authorize Contracts for PY2023

6/22/22 **Regular Board Meeting:** Draft FY2023 Budget

6/24/22 *Deadline for agency application/contract revisions.
Deadline for agency letters of engagement with CPA firms.
PY2023 contracts completed.*

6/30/22 *Agency Independent Audits, Reviews, or Compilations due
(only applies to those with calendar FY, check contract)*

7/20/22 **Regular Board Meeting**

8/26/22 *Agency PY2022 4th Q Reports, CLC Progress Reports, and
Annual Performance Measure Reports due*

9/21/22 **Regular Board Meeting**

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Draft Three Year Plan 2022-2024 with 2023 Objectives

9/28/22

Study Session

10/19/22

Regular Board Meeting

Release Draft Program Year 2024 Allocation Criteria

10/26/22

Joint Study Session with CCDDDB at 5:45PM

10/28/22

Agency PY2023 First Quarter Reports due

11/16/22

Regular Board Meeting (off cycle)

Approve Three Year Plan with One Year Objectives
Allocation Decision Support – PY24 Allocation Criteria

12/11/22

Public Notice of Funding Availability to be published on or before, giving at least 21-day notice of application period.

12/21/22

Regular Board Meeting (off cycle) - tentative

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**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
REGULAR MEETING**

Minutes—July 21, 2021

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

5:45 p.m.

MEMBERS PRESENT: Susan Fowler, Joseph Omo-Osagie, Elaine Palencia, Kyle Patterson, Julian Rappaport, Jon Paul Youakim, Matthew Hausman, Daphne Maurer

MEMBERS EXCUSED: Jane Sprandel

STAFF PRESENT: Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo, Shandra Summerville, Chris Wilson

OTHERS PRESENT: Laura Lindsey, Courage Connection; Nicole Sikora, Josh Cornwell, DSC; Pat Ege, Cunningham Children's Home

CALL TO ORDER:

Mr. Joe Omo-Osagie called the meeting to order at 5:50 p.m. Instructions were included in the packet. Lynn Canfield reviewed the instructions for the hybrid meeting.

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.

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PRESIDENT'S COMMENTS:

Mr. Joe Omo-Osagie took a moment to reflect on the memory of Jonathan Westfield and his contributions to our community.

EXECUTIVE DIRECTOR'S COMMENTS:

Director Lynn Canfield discussed the Governor's Emergency Order and the Open Meetings Act (OMA).

NEW BUSINESS:

UIUC Evaluation Capacity Project Proposal:

A Decision Memorandum and proposal for continuing the evaluation capacity consultation project was included in the packet. Dr. Mark Aber from the University of Illinois Evaluation Team provided background information on the project. Board members were given the opportunity to ask questions. Agency representatives provided additional information about the experience with the evaluation project. The CCDDDB moved to approve their share of the cost earlier today.

MOTION: Dr. Rappaport moved to accept University of Illinois Capacity Building Evaluation: Year 7 Proposal and authorize the Executive Director to enter into a contract with the University of Illinois with a total cost of \$ 83,625, the CCMHB share being \$ 35,248. Dr. Youakim seconded the motion. A roll call vote and all members voted aye. The motion passed.

Setting the Stage for PY2023:

A Briefing Memorandum was included in the packet. It summarized current year priorities, funded programs, Three Year Plan, and planning activities. Also included were the Boards' Logic Model and brief version of the Champaign-Vermilion Regional IPlan 2021-2023.

CILA Facilities Project:

Included for review were a cover memo, appraisal reports, bids from local licensed realtors proposing sale of each of the two properties, the Intergovernmental Agreement between the CCDDDB and CCMHB, a draft budget for maintaining the homes without occupants, and a draft of RFP in the event a new service provider should be identified. No action was requested. This topic will be addressed at a special meeting with the CCDDDB on July 28 at 5:45PM. Dr. Fowler requested a Briefing Memorandum prior to the Special Meeting that reviews the history of the CILA Facilities Project.

AGENCY INFORMATION:

Ms. Gail Raney from Rosecrance, Inc. spoke briefly regarding a grant reward. More information will be reported regarding the grant in the future.

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OLD BUSINESS:

Alliance for Inclusion and Respect (AIR) Events:

A Briefing Memorandum regarding the film festival and events to be sponsored by AIR was included in the Board packet.

Contract Amendment Report:

No report.

211 Data Summaries:

For information, the packet included summary reports from the United Way of Champaign County and from PATH, regarding 211 activity during the second quarter of 2021 (April 1 through June 30). Lisa Benson from Regional Planning Commission provided some additional information.

Schedules & Allocation Process Timeline:

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

APPROVAL OF CCMHB MINUTES:

Meeting minutes from June 23, 2021 were included in the Board packet.

MOTION: Dr. Fowler moved to approve the CCMHB minutes from June 23, 2021. Ms. Palencia seconded the motion. A roll call vote was taken. The motion passed.

OLD BUSINESS:

Staff Reports:

Staff reports from Kim Bowdry, Leon Bryson, Stephanie Howard-Gallo, Shandra Summerville, and Chris Wilson were included in the Board packet.

Board to Board Reports:

None.

EXPENDITURE LIST:

The Expenditure List was included in the packet.

MOTION: Dr. Youakim moved to accept the Expenditure List as presented. Dr. Fowler seconded the motion. A roll call vote was taken and the motion passed unanimously.

BOARD ANNOUNCEMENTS:

None.

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Other Business – Closed Session:

MOTION: At 6:52 a.m. Dr. Fowler moved the Board enter an executive session, exception 5 ILCS 120/2(c)(11) of the Open Meetings Act, to review status of minutes of prior closed session meetings, and that the following individuals remain present: members of the Champaign County Mental Health Board, Executive Director Canfield, and Operations and Compliance Coordinator Howard-Gallo. Mr. Hausman seconded the motion. The motion passed unanimously.

The CCMHB returned to an open session by role call vote at 6:57 p.m.

MOTION: Dr. Youakim moved to accept the closed session minutes from February 19, 2020 and February 26, 2020 as presented and to continue maintaining them as closed. Ms. Palencia seconded the motion. All members voted aye and the motion passed.

ADJOURNMENT:

The meeting adjourned at 7:02 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 and CHAMPAIGN COUNTY
DEVELOPMENTAL DISABILITY BOARD
JOINT SPECIAL MEETING**

Minutes—July 28, 2021

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

5:45 p.m.

MEMBERS PRESENT: Susan Fowler, Joseph Omo-Osagie, Elaine Palencia, Julian Rappaport, Jon Paul Youakim, Matthew Hausman, Jane Sprandel, Anne Robin, Deb Ruesch, Georgiana Schuster, Sue Suter

MEMBERS EXCUSED: Kyle Patterson, Daphne Maurer

STAFF PRESENT: Kim Bowdry, Leon Bryson, Lynn Canfield, Shandra Summerville

OTHERS PRESENT: Kim Wolowiec-Fisher, CCDDDB; Claudia Lenhoff, Champaign County Health Care Consumers (CCHCC); Jim Hamilton, Promise Healthcare; Mary Rasher, Champaign County Regional Planning commission (CCRPC); Josh Cornwell, DSC; Pat Ege, Cunningham Children's Home

CALL TO ORDER:

Mr. Joe Omo-Osagie and Dr. Anne Robin called the meeting to order at 5:50 p.m.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

APPROVAL OF AGENDA:

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

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PRESIDENT'S COMMENTS:

None.

EXECUTIVE DIRECTOR'S COMMENTS:

Director Lynn Canfield reviewed the Briefing Memorandum regarding the CILA Project and a revised CILA budget. The Briefing Memorandum depicted the history of the CILA Project from 2014 to the present. Board members from both boards engaged in discussion. Discussion points included:

- Review of possible other uses for the homes.
- Current staffing issues/workforce shortage.
- A history of similar efforts.
- The cost of maintaining the homes, if they are not sold.
- Review of ideas on what to do with the proceeds from the homes, if sold.

MOTION: Dr. Robin moved to authorize the Executive Director to engage Joel Ward Homes for the sale of both houses. Dr. Youakim seconded the motion. A roll call vote was taken and all members voted aye. The motion passed.

MOTION: Dr. Robin moved to authorize the Executive Director to accept any offer on each house meeting or exceeding the asking price with no further board action, on such terms and conditions as is appropriate, including the option to reject any and all offers. Dr. Fowler seconded the motion. A roll call vote was taken and the motion was unanimously approved.

MOTION: Dr. Robin moved to hold the proceeds from the sale of the properties in the CILA Facilities Fund. Ms. Palencia seconded the motion. A roll call vote was taken and the motion passed unanimously.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:41 p.m.

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Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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

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**Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities
Staff Report – September 2021**

CCDDB: 4th Quarter reports and year-end Performance Measure Outcome reports were due on August 24, 2021. 4th Quarter Program Reports and PY21 Service Data Charts can be found in this Board packet. I am reviewing each of the agency reports and compiling the Performance Measure Outcome report to be posted at ccmhddbrds.org.

Using data from the 4th Quarter reports, I have started compiling the 'Utilization Summaries for PY2021 CCDDB and CCMHB I/DD Programs' document, which will be included in the October 2021 CCDDB Packet.

Champaign County Down Syndrome Network has not yet submitted their PY20 audit. The agency is also still missing their CLC reports for the 2nd and 4th Quarters of PY21 and the PY21 Performance Measure Outcome report. In an email inquiry regarding the audit and missing reports, the DSN President shared that she had not gotten a response from the CPA firm regarding the DSN audit and would inquire again. I have no further updates at the time of this writing.

CU Able has not yet submitted their 4th Quarter Program Report, the 4th Quarter Zip Code report, or their Demographic Report. I have reached out to CU Able staff to inquire and the reports. I have no further updates at the time of this writing.

Additional meetings were held with Illinois Department of Human Services (IDHS) and Illinois Department of Healthcare and Family Services (HFS) to seek clarification on the risk of Medicaid Supplementation and our understanding of the federal rules associated with reimbursement rates. Please see "Update on Deferred Funding Decisions" in the Board packet, for further information.

I met with a representative from one of the funded organizations to review data entry into the Online Reporting System. I also worked with the System Developer and another agency representative to troubleshoot uploading of claims into the Online Reporting System.

I participated in the Community Choices Financial Site Visit with the Financial Manager and other CCMHB/CCDDB staff.

CCDDB Contract Amendments: Prorated contracts were issued for the Community Choices Community Living and Self-Determination Support programs due to three newly funded staff positions at the beginning of the contract year. In early August, Community Choices filled two of the three positions, therefore one contract amendment for each program was issued, adjusting the contract maximum for each program. The Community Living contract maximum

was adjusted to \$155,381 and the Self-Determination Support contract maximum was adjusted to \$160,251. One position within the Community Living program remains to be hired, and an additional contract amendment will be issued after the position is filled.

Community Needs Assessment: I participated in meetings related to the CCDDDB & CCMHB Community Needs Assessment and worked with other staff to develop the survey tool in Google Docs. I also delivered paper copies of the survey to several local food pantries, including those in Champaign, Urbana, Tolono, and Broadlands. Paper copies were also dropped off and picked up from DSC. I met with the Executive Director, other staff, and a consultant to review the results of the survey and discuss analyses of survey results. I also spent time reviewing the full Community Needs Assessment report.

CCDDDB Mini-Grant: I communicated with one Mini-Grant recipient's mother regarding another respite weekend at Camp New Hope. I also communicated with staff from Camp New Hope arrange for payment for this respite weekend. I also worked with another Mini-Grant recipient and his father due to their request to redirect of some of his remaining mini-grant funds. Please see "*Mini-Grant Update and Request*" in this packet for more information.

Learning Opportunities: On July 29, 2021, Karen Simms presented, "*Culturally Responsive Fundamentals of Trauma, Trauma Informed Care, & Resilience.*" These workshops continue to be held virtually. A Social Security presentation scheduled for September will be rescheduled due to a conflict with the presenter's schedule. Elise Belknap is scheduled for a presentation in October.

ACMHAI: I participated in the ACMHAI August Membership Meeting. "*I Need Data, Now What?*" was presented during the Best Practice training on Thursday and the Business Meeting was held on Friday, both meetings were held virtually.

I also participated in the September meeting of the ACMHAI I/DD Committee and an ACMHAI Roundtable Discussion of American Rescue Plan Act funds.

NACBHDD: I participated in the July meeting of the NACBHDD I/DD Committee. Mary Sowers, Executive Director of NASDDDS (National Association of State DD Directors) is scheduled to present during the October meeting.

Disability Resource Expo: Barb Bressner and I met with Dr. Benjamin Lough's SOCW 245 class to describe the Expo and the related video project that they will be working on during the fall semester.

I participated in an Expo Steering Committee Meeting on August 11, 2021. The next Expo Steering Committee Meeting is scheduled for October 6, 2021.

The Expo will have a booth at C-U Pridefest and will be distributing the Expo Resource Guide.

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UIUC School of Social Work Community Learning Lab: I may also work with a group of students able to translate CCDDDB/CCMHB documents into Spanish, French, and Arabic. This is dependent on students signing up for this project. I will also fill in for other staff meeting with UIUC SSW students, when necessary.

Other activities: I participated in the August and September Human Services Council meetings. At the September meeting, guest speakers from Champaign Unit #4 School District and Urbana School District #116 were present to talk about the return to school and the effects of Covid on their students, teachers, and families.

I participated in the Race Relations Subcommittee Meeting. I participated in a meeting with United Way of Champaign County. Additional meetings were held with members of the UIUC Community Data Clinic and Cunningham Township.

I participated in a workshop led by the UIUC Evaluation Capacity Building team and a meeting with CCMHB/CCDDDB staff, Board Members, and the UIUC Evaluation Capacity Building team.

I participated in the August meeting of the MHDDAC. I also participated in several additional webinars, workshops, and virtual trainings.

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Leon Bryson, Associate Director for Mental Health & Substance Use Disorders
Staff Report –September 2021 Board Meeting

Summary of Activity

Draft CCMHB Three Year Plan with FY22 Objectives: The Draft Plan for FY 2022-2024 with FY 22 Objectives is included in the Board packet, along with a Briefing Memorandum. Very few changes were made to the Objectives, with only minor revisions to consider. This draft is presented to the Board for additional recommendations to be made, and a final version will be presented to the Board in November.

Program Evaluation Committee: The CCMHB staff and UIUC Evaluation team met in August to discuss the ongoing collaboration with CCMHB/CCDDB funded agencies. The Evaluation team proposed to continue to implement the recommendations and plans identified from the previous years. The University is currently making changes to the language in the contract before a final contract can be executed. The Evaluation team will present to the Board their last year's work with other agencies.

PY 21 Fourth Quarter Reports: The PY 21 Fourth Quarter and the Year-End Performance Outcome Measures Reports were due the last Friday in August. All agencies were contacted about the deadline. Some agencies required additional contact to submit their reports. Several agencies requested extensions for legitimate reasons, which ranged from a few days to a month to file. Staff is reviewing the reports for their accuracy and fullness. An excel spreadsheet is used to track the progress of each program's service activity.

Contract Amendment Report

All contract amendments are reviewed, amended, and modified by the Champaign County Mental Health Board Executive Director and approved by a Board officer. Below are amended contracts for CCMHB funded programs.

- Boot Books, LLC: amendment changes the mailing address
- Courage Connection: amendment changes the mailing address.
- First Followers – Peer Mentoring for Reentry: amendment specifies that funding is from ARP fiscal recovery funds.
- DREAAM House - DREAAM Big!: amendment specifies that funding is from ARP fiscal recovery funds and increases the obligation from \$80,000 to \$100,000, the amount originally requested.
- Champaign County Children's Advocacy Center – Children's Advocacy Center: obligation is increased from \$105,508 to \$112,850, the amount originally requested and covering a two-year term.
- Champaign County Health Care Consumers – CHW Outreach and Benefit Enrollment: obligation is increased from \$155,920 to \$160,548, the amount originally requested and covering a two-year term.

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- Champaign County Health Care Consumers – Justice Involved CHW Services & Benefits: obligation is increased from \$150,280 to \$154,788, the amount originally requested and covering a two-year term.
- Community Service Center of Northern Champaign County – Resource Connection: obligation is increased from \$135,192 to \$137,218, the amount originally requested and covering a two-year term.
- Crisis Nursery – Beyond Blue Champaign County: obligation is increased from \$150,000 to \$180,000, the amount originally requested and covering a two-year term.
- Don Moyer Boys & Girls Club – Coalition Summer Initiatives: obligation is increased from \$90,000 to \$107,000, the amount originally requested.
- East Central Illinois Refugee Mutual Assistance Center – Family Support and Strengthening: obligation is increased from \$112,880 to \$124,000, the amount originally requested and covering a two-year term.
- Mahomet Area Youth Club – Members Matter!: obligation is increased from \$36,000 to \$43,810, the amount originally requested and covering a two year term.
- Rosecrance Central Illinois – Fresh Start: obligation is increased from \$79,310 to \$85,409, the amount originally requested.
- UP Center – Children, Youth, and Families Program: obligation is increased from \$154,846 to \$173,206, the amount originally requested and covering a two-year term.

ARPA-related contracts:

Champaign County Health Care Consumers – Disability Services (a NEW program) - Special Initiative contract for \$71,500
 Rosecrance Central Illinois – Prevention - Grant contract for \$60,000
 Terrapin Station Sober Living – Recovery Home (NEW) - Special Initiative contract for \$47,000
 The Well Experience – Family Services (NEW) - Special Initiative contract for \$80,000
 WIN Recovery – Re-entry and Recovery Home (NEW) - Special Initiative contract for \$69,488

Meeting with Agencies:

Met with Executive Director Andy K of Community Service Center of Northern Champaign County. Took a tour of the building and learned about the various services offered to residents the northernmost townships in Champaign County.

CCMHB staff met with Terrapin Station Sober Living Executive Director to provide technical support and assistance with revision of online forms required per their contract.

CCMHB staff met with the Win Recovery Executive Director to provide technical support and assistance with revision of online forms required per their contract.

CCMHB staff met with the WELL EXPERIENCE Executive Director to provide technical support and assistance with revision of online forms required per their contract.

Lynn and I met with Promise Healthcare Interim Director of Finance to provide technical support and assistance with online forms and Third and Fourth Quarter reports.

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CCMHB/CCDDB staff and United Way staff met to discuss a Request For Proposal (RFP). The RFP outlined United Way's new fund/grant model with a focus on community essentials: education, financial, and healthcare programs for residents of Champaign County.

Lynn and I met with Rosecrance and had an extensive conversation about the Notice of Funding Opportunity (590 Grant), creating a continuum of care, crisis response model, and telepsychiatry in Champaign County.

Criminal Justice-Mental Health: Participated in the bi-monthly Crisis Intervention Team Steering Committee meeting. Lt. Cory Koker is leading the Committee and shared information about the Co-Response team with Rosecrance which will start October 4th. He introduced to the Committee Paige Bennett a Behavior Health Detective. Paige will prioritize intensive callers and link them up to services. She will also work with a social worker and provide follow-up services. Her operating hours will be from 10am-6pm. U of I Police Officer Rachel Ahart shared similar information about their Co-Responder model and the positive measurable benefits during a crisis. We also discussed SB 1575 which states, "provides that the Department of Human Services shall create and maintain an online database and resource page on its website." Re-entry Council Meeting continues to meet each month. The agenda was a continuation from last month's topics on provider barriers: housing and transportation. Land of Lincoln staff talked about a rise in eviction filings and tenants not showing up for court. Stephanie Cockrell, The WELL EXPERINCE Director mentioned that her agency is working with a few families who are evicted and need help for a few women with DUI issues.

ACMHAI:

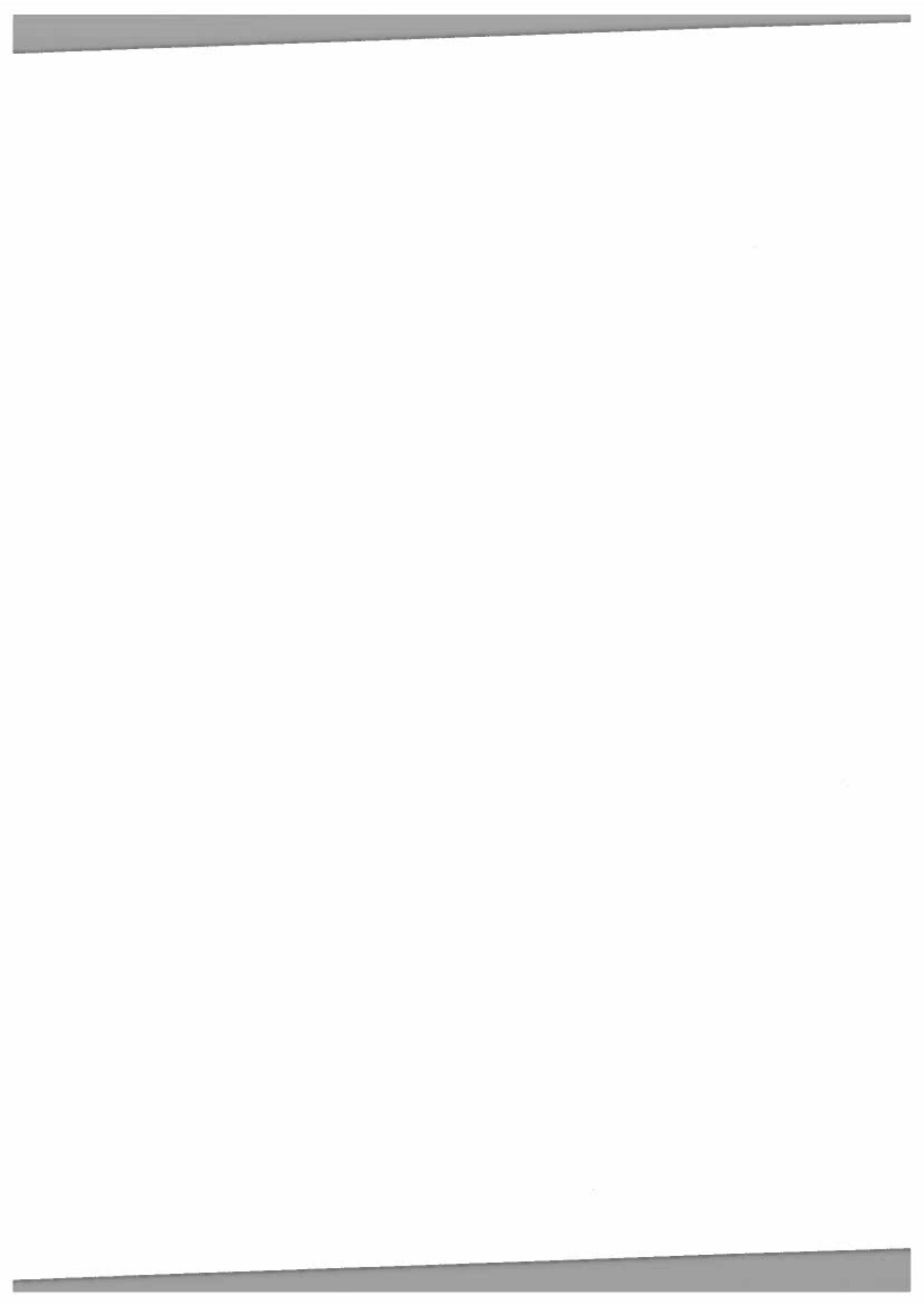
Participated in ACMHAI Committee meetings and webinars: "Leveraging Your SAMHSA Certified Community Behavioral Health Center Grant." "ACMHAI Best Practice Meeting, *I Need Data, Now What?*" ACMHAI Business Meeting.

CCHMDDAC Mtg: Attended the monthly CCHMDDAC meeting. Members were reminded about Fourth Quarter and Year End reports due August 29th.

Learning Opportunities:

- Attended *The Pathways to Success* webinar. The Illinois Department of Healthcare and Family Services (HFS) is proposing a new program under the 1915(i) State Plan Amendment, Pathways to Success, which will provide Home and Community Based Services to Medicaid enrolled children with identified behavioral health needs in consideration of the Department's commitments under the N.B. Consent Decree.
- Attended *the COVID-19 and Rural Public Health Systems* webinar. The webinar "COVID-19 and Rural Public Health Systems" discussed challenges faced and innovations necessitated by COVID-19.
- Attended the *2021 Illinois KIDS COUNT Report and Illinois Housing Issues* webinar.
- Attended *The Pandemic's Impact on Illinois Criminal Justice and Victim Services: Assessing Outcomes and Moving Forward* webinar.

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Executive Director's Report – Lynn Canfield, September 2021

Activities of Staff and Board Members:

To support CCMHB Three Year Plan goals 1-8 and CCDDDB Three Year Plan goals 1-7, allocation and management of agency contracts are primary activities. This summer, we've developed and finalized contracts, processed amendments authorizing some increases (made possible by American Rescue Plan Act funding for 9 full program contracts) and spent time with agencies revising forms to meet expectations. Contracts for agency services appear as Contributions & Grants, the largest expenditure line in each Board's budget. A small share of total costs are non-agency activities in support of individuals, families, agencies, and community. These impact Personnel, Professional Services, Expo, Public Relations, and Non-Employee Training costs, and some are accomplished with independent contractors, associations, or partnerships.

Anti-Stigma and Community Awareness:

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

211 - United Way, the CCMHB, and the CCDDDB co-fund this call-based resource information service, provided by PATH, Inc. and aligned with Alliance of Information and Referral Systems standards. UIUC Community Data Clinic students are rolling out their online directory using 211 data, focused on improving Champaign County providers' information and feedback to the 211 database and the UIUC CDC site. United Way of Illinois seeks to implement 211 across the state, which could incorporate features developed by the UIUC CDC. Simultaneous to 211 expansion is federal implementation of 988 for mental health crisis calls. PATH operates as the mental health crisis call center for many of the counties they serve, but Champaign County relies on a local crisis line managed by Rosecrance, which will participate in implementation of 988 and may be interested in the UIUC CDC database for callers from Champaign County.

Alliance for Inclusion and Respect (AIR) social media and website continue anti-stigma messaging and promotion of local artists/entrepreneurs. AIR is to sponsor No Malice short films during Ebertfest (which may include three short films by local youth), a post-screening Q&A, and an art show and sale. Due to COVID, the festival has been postponed to April 20-23, 2022.

disABILITY Resource Expo Steering Committee plans for virtual resource services and an October 15, 2022 in-person event at the Vineyard Church.

CCMHB/CCDDDB CILA:

(MHB goal 4 and DDB goals 1 and 5)

A Briefing Memorandum in this board packet offers an update, with one of the CILA homes sold on September 10. Prior to listing the second house, some repairs will be completed, but there may already be an interested buyer. We continue to monitor the State funding situation in case expansion of CILA capacity seems possible and will inform the Boards if and when that happens. Preserving existing CILA capacity is a very high priority.

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; Mental Health First Aid training and coordination (Shandra Summerville).

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- Collaborations: Transition Planning Committee, Continuum of Service Providers to the Homeless, Champaign County Community Coalition, Reentry Council, Drug Court Steering Committee, Coalition Race Relations Subcommittee, Human Services Council, New American Welcome Center, CUPHD I-Plan Behavioral Health Committee, Youth Assessment Center Advisory Committee, and more (various staff).
- Monthly Provider Trainings (Kim Bowdry) are free of charge and offer CEUs. While the primary audience is case managers from funded programs, others are invited. Due to strong interest, a spring workshop focused on bookkeeping, and there may be another this fall.

County Enterprise Resource Planning (ERP) System: a new expenditure is implementation of the new county-wide ERP system, which will serve as our accounting and payroll databases. Payment to the County for use of the ERP will be far lower next year. Rollout is January 2022.

Independent Contractors: EMK offers technical support for users of the online application and reporting system. Board members interested in talking with Alex Campbell about how to access forms and reports may reach him at afcampbell19@msn.com or through staff. John Brusveen, CPA, has reviewed all agency audits, compilations, and financial reviews, summarizing findings for us to follow-up. ChrispMedia maintains AIR and Expo websites and hosts short videos on the sites. We are talking with accounting consultants about a pilot project to support small agencies.

UIUC Evaluation Capacity Project: Research leads met with staff and board members to discuss Year 7 workshops, programs for intensive support, and continuous quality improvement.

Executive Director Activities:

Summer has been busy, thanks to community needs assessment activities, budget revisions, the County Board's commitment of \$770k ARP for behavioral health contracts, sale of CILA properties, and more. I revised the Organizational Eligibility Questionnaires which are completed by all seeking funding from the Boards. As you might recall from program summaries, the form had not been completed by many agencies for ten years, missing important updates. The online system is updated so that they may complete the form between now and the close of the next application period. Our office continues to respond to risks associated with COVID-19, and I appreciate that Board officers have been so accommodating about meeting to sign contracts, amendments, and more.

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, Admin staff, and other Departments' representatives, this bimonthly meeting covers budgets, trainings, ERP implementation, facilities issues, ARPA fiscal recovery fund requests, and COVID impact.

Mental Health and Developmental Disabilities Agency Council: monthly meetings of agency representatives, for updates, special topics, and announcements. In August, members gave brief introductions, with four new organizations at the table, and the UIUC CDC team leader updated us on the resource directory. The September meeting will include a UIUC Evaluation Capacity Building project year-end presentation, with reports from agencies with targeted programs. In October, Kristine Herman of Healthcare and Family Services will present to the group and begin attending, to ensure best implementation of the State's children's mental health initiative.

Metropolitan Intergovernmental Council: quarterly meetings of representatives from local governmental entities. I presented on mental health issues in February. The May presentation was

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by Dr. Wanda Ward, Executive Associate Chancellor for Administration and University Relations, on the Campus-Community Compact.

Regional Champaign-Vermilion Executive Committee: bimonthly meeting of public and private entities responsible for community health plans. The 2021-2023 I-Plan once again identifies behavioral health and community violence among priorities. A new community health needs assessment survey, written by Dr. Weinzimmer of Bradley University with input from the group, is being distributed. To ensure this captures the 'voice of the community', data on respondents will be tracked and strategies shifted if a group (e.g., men) appears to be missed.

UIUC School of Social Work Community Learning Lab: We have requested three projects for the fall semester: students translating our documents into any of several languages in use in Champaign County; social connection with those who tend to be most isolated; and exploration of other communities' solutions to the I/DD workforce shortage. One student group has agreed to take on the latter. A commitment to an instructor outside of CCL will continue his class' efforts to create short videos of Expo exhibitors for use in our websites and social media.

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 open meetings with updates on public safety, positive youth programming, trauma-informed system work, and efforts to reduce community violence. The Executive Committee met August and reviewed: the Race Relations Subcommittee Strategic Plan; Community Violence Priority – task force, messaging campaigns, violence intervention models, Fresh Start, budget impact; and roundtable information.

Crisis Intervention Team (CIT) Steering Committee: bimonthly meetings of representatives of law enforcement, EMS, hospitals, behavioral health, providers of service to people with housing insecurity, support network leaders, and interested parties, to promote CIT training, review data analyzed by City of Urbana, and share updates. Lt Cory Koker of Urbana Police has taken over leadership, and with high turnover in many organizations, as well as crisis-response related legislative and funding developments, introductions and information-sharing are main topics. A project is under consideration to test the database developed by the UIUC CDC for ease of use by crisis response professionals, as such databases will become mandatory under Illinois law.

Illinois Connected Communities: for a state-funded Housing Authority of Champaign County project, I attended meetings of the steering committee and with other communities with similar planning projects. Representatives from HACC, UIUC CDC, Cunningham Township, and I met regarding the subsequent NOFA, and the UIUC CDC was awarded funding to implement a pilot in Housing Authority sites in Champaign and Vermilion Counties, to expand regionally later.

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 data, and roundtable. With the passing of YAC Director Jonathan Westfield and high turnover in the program, our August meeting included many introductions and review of purposes.

State and National Associations and Advocacy:

(MHB goal 10 and DDB goal 9)

Association of Community Mental Health Authorities of Illinois (ACMHAI): Executive, Legislative, Medicaid/Managed Care, and I/DD Committees on: allocation, contracting, and

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monitoring processes; state budget and policies; legal opinions; levies; strategic planning; community awareness; and changes in operating environment. Government Strategy Associates (consultant) provides updates on state legislative activity and receives input from the membership on advocacy positions. The August membership meeting featured a training on Census and other population data. The I/DD committee held a webinar about advocacy and the impact of COVID on I/DD, with speakers from the Arc of Illinois and Illinois Association of Rehabilitation Facilities, and we met with the Director of IDHS-Division of DD in July. A subset of ACMHAI members also spoke with Healthcare and Family Services' Kristine Herman for discussion of Medicaid rules and HFS' Pathways to Success (for children) to be implemented across the state, by regions from South to North. Subsequent meetings will include these topics. The September webinar was on rural mental health and creating a culture of wellness in farming communities.

Illinois Children's Mental Health Partnership: I will serve on the Treatment Workgroup toward development of a new Children's Mental Health Plan for Illinois, with monthly discussions through December. The Plan has not been updated for fifteen years. The three workgroups are Treatment, Promotion/Prevention, and Intervention.

Institute for Behavioral Health Improvement: monthly meetings of the Community of Practice, discussing behavioral health, criminal justice, and crisis response. With Rosecrance' planned implementation of CCBHC services in Champaign and Winnebago Counties, I will continue for another six-month session if the director from Winnebago joins.

National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD): I/DD committee calls include discussion of state and federal rules and funding, COVID impacts, and workforce crisis. The Behavioral Health and Decarceration committee, which I co-chair, developed policy resolutions for NACBHDD and NACo, continued to work on outcomes project to pilot and present for future federal consideration, and hosted a webinar on Illinois' Medicaid programs. The Executive Committee reviews policies and finances, evaluates the CEO's performance, and plans membership meetings. The annual Legislative & Policy Conference was held virtually in two-hour segments during February and March. Due to the resignation of President/CEO Ron Manderscheid and the search for a successor, there was no summer meeting, no annual DD summit, and most committee work is paused.

National Association of Counties (NACO): monthly Health Steering Committee calls with legislative updates, reports on special projects, local innovations, and policy priorities; quarterly Healthy Counties Advisory Board meeting on initiatives related to racism and health/mental health; and quarterly Stepping Up Innovator calls. The Annual Conference was held in-person and virtually July 9-12. Detailed notes are available on request, related to sessions I attended:

NACO CIO Forum & Technology Summit:

Keynote - Election Security: Preparing for 2022 and Beyond

Latest on U.S. Treasury Guidance on the ARP's State & Local Coronavirus Fiscal Recovery Fund Information Technology Strategic Planning and Beyond

Redefining Connectivity to Protect Your Employees, Contractors and Citizens

Accelerating Citizen Adoption of Engagement Technology

Low Code and Virtual First. Getting Out of the IT Application Development Business

Taking the Byte Out of Cyber Crime - Learning from the Past to Prepare for the Future of Cyber Threats

Digital Counties Survey: Counties of the Future

NACO Health Steering Committee Business Meeting:

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We passed 18 resolutions and 1 platform change. No Emergency Resolutions.

Resolutions Not Revised: Crisis Response Methods for People with Behavioral Health Conditions or Developmental Disabilities; Addressing Toxic Exposure for Veterans; Support For Supporting and Improving Rural Ems Needs (SIREN) Act; Declaring Racism as a National Public Health Crisis; Increase Resources for Suicide Prevention; Encouraging Congress to Fund Creative Arts Therapies for Treating Veterans; Supporting Improved Compliance through Better Regulation in Nursing Homes; Supporting Better Staffing in Nursing Homes; Addressing the Impact of COVID-19 on Community Violence; Urging the Federal Government to Suspend, Instead of Terminate, Medicaid Coverage for Incarcerated Individuals; Supporting Mental Health Funding and Programs; Supporting Amendment to 42 CFR Privacy Provisions

Revised Resolutions: Regarding the National Health Service Corps Loan Repayment Program; Amend the Health Resources and Services Administration's Federal Tort Claims Act Health Center Policy Manual; Amend the Medicaid Inmate Exclusion Policy in the Federal Social Security Act

Platform Change on the Importance of the ACA and Medicaid Expansion

New Resolutions: Supporting a Joint State, Local, Tribal, Territorial, And Federal Covid-19 Pandemic After-Action Report; Declaring Gun Violence as a National Public Health Crisis; Lift and Reform the Medicaid IMD Exclusion.

NACO Conference Sessions and Workshops:

Lunch Session with Vice President Kamala Harris

State Policy Trends and County Priorities

Say and Do: Five Strategies for Advancing Diversity, Equity, and Inclusion in your Community

COVID-19 Lessons Learned in Addressing Homelessness and the Role of Emergency Rental Assistance

Annual NACO Business Meeting and Elections:

587 member counties submitted credentials, with 2,614 votes to cast (IL has 105).

Steering Committee reports and policy resolutions submitted and approved

Nominating Committee report: President Larry Johnson and First VP Denise Winfrey approved.

Nominations made by state associations and affiliate organizations approved.

Mary Jo McGuire elected from three candidates for Second VP.

New and renewed appointments announced.

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Stephanie Howard-Gallo

**Operations and Compliance Coordinator Staff Report –
September 2021 Board Meeting**

SUMMARY OF ACTIVITY:

Audits:

The Promise Healthcare (CCMHB funded) payments on PY22 contracts continue to be withheld until their audit is submitted.

Certificates of Liability Insurance:

I requested Certificates of Liability Insurance from each agency at the beginning of the new contract year, as written in their contracts.

Fourth Quarter Reporting:

4th Quarter financial and program reports for all funded programs were due August 27th at the close of business. Performance Outcome Measures are due at the 4th Quarter of each funding year, as well. Some of the agencies requested an extension of time to complete the reporting. Urbana Neighborhood Connections (UNCC, CCMHB funded) did not request an extension and missed the deadline. Payments to them have been suspended until we receive their reports.

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

Organizational Eligibility Questionnaire:

The online registration/application system has a new organizational eligibility questionnaire for each board that was updated by Lynn Canfield and other staff. I sent a request to each agency that these be completed by the close of the next application cycle, at 4:30 PM on February 11, 2022.

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

Fourteen artists/groups were signed up to show at the AIR Art Show/Sale at Ebertfest 2021 scheduled for September 11th. Unfortunately, Ebertfest was postponed until April 2022 due to COVID concerns. We plan to be there again next year! In the meantime, I am keeping an eye out for any other opportunities for the artists. Let me know if you hear of anything.

Contracts:

In August, I met with Nelson Novak from the newly CCMHB funded agency, Terrapin Station Sober Living (along with Leon Bryson and Lynn Canfield) to review contract requirements for the coming year.

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FOIA/OMA Certification:

As the Open Meeting Act (OMA) Designee and the Freedom of Information Act (FOIA) Officer for the CCMHB/CCDDB, I must successfully complete training on an annual basis.

The Public Access Counselor's web page is presently being repaired, therefore the OMA electronic training, as well as the Freedom of Information Act electronic training, are inaccessible. There is no set completion date for the website repairs at this time. Public body members and designees are not penalized for failure to complete the electronic training within the statutory time periods.

Other:

- Preparing meeting materials for CCMHB/CCDDB regular meetings, special meetings, and study sessions/presentations.
- Composing minutes from the meetings.
- Attending meetings and study sessions for the CCDDB/CCMHB.
- I volunteered to staff the disABILITY Expo table at the Champaign County Fair for a Friday evening in July.

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2021 September 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

Agency Support and Technical Assistance:

FY 21 CLC 4th Quarter reports were submitted by organizations. Please see the chart on the last page that shows quarterly reports that were submitted by the funded agencies. If there is an omission, that means there was not a report for the 2nd or 4th Quarter. There was support provided individually for the following organizations for the 4th quarter reporting:

1. Community Choices- DDB
2. PACE- DDB
3. Champaign County Health Care Consumers
4. Champaign County Christian Health Center
5. GROW
6. First Followers

Cultural Competence Training/Support

Champaign County Head Start: I conducted All Staff Training on September 2nd and 3rd. All sites and Administrative Staff were present at one of the sessions that were provided.

PACE: Training will be scheduled for all staff on September 22, 2021, to review CCDDDB CLC Plan Requirements.

Family Service Center of Champaign County: I attended the Self-Help Advisory Council meeting on September 8, 2021. The Fall Conference will take place in November and the focus will be on Wellness and Self-Care. I was asked to present on ways that we can celebrate culture and wins during challenging times. The conference will be virtual this fall, I will provide additional support for the conference as plans are solidified.

CLC Coordinator Direct Service Activities

PY22 Contract Revisions

I am working with the team to review contract revisions and provide support to organizations that require updates to their CLC Plans for PY22.

I with the following organizations that made revisions for PY22.

1. WIN Recovery
2. Children's Advocacy Center

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2021 September Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator Webinar and Training Activities:

Prioritizing Diversity, Equity, and Inclusion in Behavioral Health

Wednesday, August 25·1:00 – 2:00pm.

Reform: Restoration, Revitalization, and Representation Thursday, August 26·5:30 – 7:00pm

The Illinois Legislative Black Caucus Foundation (ILBCF) and the University of Illinois Springfield have partnered to create a focused speaker series to educate the citizens of Illinois on critical, societal issues resulting from social determinant factors directly impacting historically marginalized populations. The series will embody principles of equity, diversity and inclusion and promote social change with a concentration on the reform pillars of the Illinois Black Caucus.

Race and Disability: The Financial Impact of Systemic Inequality

Tuesday, September 21·1:00 – 2:00pm Webinar Description

“People of color with disabilities face unique systemic challenges as a result of their intersecting identities. Centuries of exclusive practices in the United States, such as redlining and employment discrimination, have resulted in a society where people of color with disabilities, particularly Black, Indigenous, and Latinx communities, are at a particular disadvantage financially.

In this webinar, attendees will learn about the financial conditions of people of color who live at the intersection of race, ethnicity, and disability. Join us as we hear from subject matter experts and professionals from the field about the financial impact of systemic inequality and intersectionality and how practitioners in the workforce development field are applying the lessons learned about race, disability, and poverty. Speakers include Dr. Andrea Urqueta Alfaro, Director of Research from the National Disability Institute, Nathan Turner, Black, Indigenous, and other people of color ABLE NRC Ambassador from the Lucas County Board of Developmental Disabilities, and Ben Feimer, Credit Building Manager, from Justine Petersen.”

Anti-Stigma Activities/Community Collaborations and Partnerships

C-HEARTS African American Storytelling Project:

The ASPIRE Program received funding from the University of Illinois Call to Action to Address Racism & Social Injustice Research Program. The ASPIRE program is a youth-centered intervention that is co-created between trusted adult facilitators and middle school youth that facilitates psychological health. This project will take place 9/1/2021-8/30/2022. The ASPIRE Program was conducted for the PY2021, and this will be another program to expand the number of youth and community groups.

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2021 September Staff Report- Shandra Summerville

Cultural and Linguistic Competence Coordinator

Community Research Cooperative - ADVISORY BOARD

This is a partnership with the Community Data Clinic. This is a project that is funded by the University of Illinois, Urbana-Champaign, for Community Media, Data and Technology (CMDT) fellowships to provide annual funding and technical support to community organizations in Champaign County looking to advance promising ideas to change local communities and systems. I attended the first meeting on August 11.

C-U Trauma and Resilience Initiative

The Community Violence Response Community Committee meets monthly. I attended the meeting on August 13 to discuss the work that has been happening with the community violence response. The purpose of the group is to discuss the areas that community members can support families that are impacted by community violence. This is ongoing work that is happening in collaboration with the Walk as One Community Coalition.

AIR-Alliance for Inclusion and Respect: The Ebert Film Festival was rescheduled for April of 2022. I distributed the information about the Film Contest to 5 youth serving organizations. Since the Festival has been rescheduled, we will revisit engagement efforts.

Short Reading List to continue the conversation about Racism and Trauma as a decision maker.

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>

National CLAS Standards Fact Sheet

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

The Surge in COVID-19 among Children

<https://nihcm.org/publications/the-surge-in-covid-19-among-children>

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2021 September Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator



The Surge in COVID-19 among Children

Cases Rising

As of September 2, 2021 children represented:



15.1% of total cumulative COVID-19 cases

In the last week children represented:

26.8% of the weekly reported cases



8/26/21-9/2/21

Hospitalizations

Less than 2% of all child COVID-19 cases resulted in hospitalization



In states where data was available

Racial Disparities

Children who are Black, Hispanic, American Indian and Alaska Native were all hospitalized about 3x more often than White children

according to the CDC

Sources: "Children and COVID-19: State Data Report," a joint report from the American Academy of Pediatrics and the Children's Hospital Association, last modified September 2, 2021.; "Disparities in COVID-19-Associated Hospitalizations," Centers for Disease Control and Prevention, last modified August 30, 2021.

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2021 September Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

2021 CCMHB/DDB Agency Cultural and Linguistic Reporting Form

<u>Agency</u>	<u>2nd Quarterly Reports Completed</u>	<u>4th Quarterly Reports Completed</u>
<u>Autism Network DDB</u>	<u>Yes</u>	<u>Yes</u>
<u>Champaign County Head Start (RPC) (DDB/MHB)</u>	<u>Yes</u>	<u>Submitted</u>
<u>Champaign County Regional Planning Commission Community Services</u>	<u>Yes</u>	<u>Submitted</u>
<u>Champaign County Christian Health Center</u>	<u>Yes</u>	<u>Submitted</u>
<u>Champaign County Healthcare Consumers</u>		<u>Submitted</u>
<u>Children's Advocacy Center</u>	<u>Yes</u>	<u>Submitted</u>
<u>Community Choices (DDB)</u>	<u>Yes</u>	<u>Submitted</u>
<u>Community Service Center of Northern Champaign County</u>	<u>Yes</u>	<u>Submitted</u>
<u>Courage Connection</u>	<u>Yes</u>	<u>Submitted</u>
<u>Crisis Nursery</u>	<u>Yes</u>	<u>Submitted</u>
<u>C-U Able (DDB)</u>	<u>Yes</u>	<u>Submitted</u>
<u>Cunningham Children's Home</u>	<u>Yes</u>	<u>Submitted</u>
<u>DREAAM</u>	<u>Yes</u>	<u>Submitted</u>
<u>Developmental Services Center (DDB)</u>	<u>Yes</u>	<u>Submitted</u>
<u>Don Moyer's Boys and Girls Club</u>	<u>Yes</u>	<u>Submitted</u>
<u>Family Service Center</u>	<u>Yes</u>	<u>Submitted</u>
<u>First Followers</u>	<u>Yes</u>	<u>Submitted</u>
<u>GROW Illinois</u>	<u>Yes</u>	<u>Submitted</u>
<u>Mahomet Area Youth Club</u>	<u>Yes</u>	<u>Submitted</u>
<u>NAMI Illinois</u>	<u>Yes</u>	<u>Submitted</u>
<u>PACE</u>		<u>Submitted 8/30</u>
<u>Promise Healthcare Systems</u>	<u>Yes</u>	<u>Submitted</u>
<u>Rape Advocacy, Counseling & Education</u>	<u>Yes</u>	<u>Submitted</u>
<u>Rattle the Stars</u>		<u>Submitted</u>
<u>Refugee Assistance Center</u>	<u>Yes</u>	<u>Submitted</u>
<u>Rosecrance C-U</u>	<u>Yes</u>	<u>Submitted</u>
<u>UP(Uniting Pride) Center</u>		<u>Submitted</u>

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

9/10/21

VENDOR NO	VENDOR NAME	TRN B TR	DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
12	CHAMPAIGN COUNTY TREASURER								POSTAGE REIMBURSEMENT		
	8/12/21 02 VR 53-	250				623366	8/13/21	090-053-522.06-00	POSTAGE, UPS, FED EXPRESSMENT HLTH PSTG JUL		171.28
	9/09/21 02 VR 53-	287				624169	9/10/21	090-053-522.06-00	POSTAGE, UPS, FED EXPRESSMENT HLTH PSTG AUG		18.24
									VENDOR TOTAL		189.52 *
25	CHAMPAIGN COUNTY TREASURER								RENT-GENERAL CORP		
	9/02/21 02 VR 53-	283				624171	9/10/21	090-053-533.50-00	FACILITY/OFFICE RENTALS	SEP OFFICE RENT	1,927.03
										VENDOR TOTAL	1,927.03 *
41	CHAMPAIGN COUNTY TREASURER								HEALTH INSUR FND 620		
	8/30/21 01 VR 620-	126				623827	8/31/21	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS AUG HI, LI & ADMIN		4,087.00
	9/09/21 03 VR 620-	137				624172	9/10/21	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS SEP-NOV EAP		29.70
									VENDOR TOTAL		4,116.70 *
88	CHAMPAIGN COUNTY TREASURER								I. M. R. F. FUND 088		
	8/17/21 01 VR 88-	27				623606	8/20/21	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 8/13PR	1,092.35
	8/30/21 01 VR 88-	30				623831	8/31/21	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 8/27 PR	1,092.35
										VENDOR TOTAL	2,184.70 *
104	CHAMPAIGN COUNTY TREASURER								HEAD START FUND 104		
	9/02/21 02 VR 53-	260				624176	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP EARLY CHILHD MH	27,197.00
										VENDOR TOTAL	27,197.00 *
161	CHAMPAIGN COUNTY TREASURER								REG PLAN COMM FND075		
	9/02/21 02 VR 53-	261				624179	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP HOMELESS COORD	4,325.00
	9/02/21 02 VR 53-	261				624179	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP JUSTICE SYS DIV	22,856.00
	9/02/21 02 VR 53-	261				624179	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP YOUTH ASSMT CTR	6,362.00
										VENDOR TOTAL	33,543.00 *

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SELF-FUND INS FND476

176 CHAMPAIGN COUNTY TREASURER

275.73

623374 8/13/21 090-053-513.04-00 WORKERS' COMPENSATION INSWC 7/2,7/16,7/30 PR

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8/12/21 01 VR 119-

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8799	BOOT BOOKS, LLC.	9/02/21	03	VR	53-	284			ALLISON M BOOT	INV 009 8/26	4,500.00
										VENDOR TOTAL	4,500.00 *
15127	CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER	9/02/21	03	VR	53-	258			CONTRIBUTIONS & GRANTS	SEP MENTAL HLTH CAR	2,750.00
										VENDOR TOTAL	2,750.00 *
15184	CHAMPAIGN COUNTY HEALTH CARE CONSUMERS	9/02/21	03	VR	53-	259			SUITE 208	SEP CHW OUTRCH/BENF	6,785.00
										SEP DISABILITY SVC	5,958.00
										SEP JUSTICE INVOLVE	6,543.00
										JUL DISABILITY SVC	5,958.00
										AUG DISABILITY SVC	5,958.00
										VENDOR TOTAL	31,202.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY	9/02/21	03	VR	53-	262				SEP RESOURCE CONNEC	5,760.00
										VENDOR TOTAL	5,760.00 *
179	CHAMPAIGN COUNTY TREASURER	9/02/21	02	VR	53-	257			CHLD ADVC CTR FND679	SEP CAC	4,855.00
										VENDOR TOTAL	4,855.00 *
188	CHAMPAIGN COUNTY TREASURER	8/17/21	01	VR	188-	52			SOCIAL SECUR FUND188	FICA8/13PR	1,216.38
		8/30/21	01	VR	188-	55			SOCIAL SECUR FUND188	FICA 8/27 PR	1,216.36
										VENDOR TOTAL	2,432.74 *
		8/30/21	05	VR	119-	49				WORKERS' COMPENSATION INSWC 8/13, 27 PR	183.82
										VENDOR TOTAL	459.55 *

*** FUND NO. 090 MENTAL HEALTH

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18430	CONSOLIDATED COMMUNICATIONS	8/17/21	04	VR	28- 61		623664	8/20/21	090-053-533.33-00	TELEPHONE SERVICE	21738437760 8/1	29.38
											VENDOR TOTAL	29.38 *
19260	COURAGE CONNECTION	9/02/21	03	VR	53- 263		624248	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP COURAGE CONNECT	10,583.00
											VENDOR TOTAL	10,583.00 *
19346	CRISIS NURSERY	9/02/21	03	VR	53- 264		624251	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP BEYOND BLUE	8,125.00
											VENDOR TOTAL	8,125.00 *
20271	CUNNINGHAM CHILDREN'S HOME	9/02/21	03	VR	53- 265		624253	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP ECHO HOUSING/EM	8,467.00
							624253	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP FAMILIUES STRONG	33,592.00
											VENDOR TOTAL	42,059.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC	9/02/21	03	VR	53- 266		624256	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP FAM DEV CENTER	49,710.00
											VENDOR TOTAL	49,710.00 *
22730	DON MOYER BOYS & GIRLS CLUB	9/02/21	03	VR	53- 267		624258	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CU CHANGE	8,333.00
							624258	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CU NGHBRHD CHAM	9,166.00
							624258	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP YOUTH/FAMILY SV	13,333.00
							624258	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	COALITION SUMMER INI	17,000.00
											VENDOR TOTAL	47,832.00 *
22870	DREAAM HOUSE	9/02/21	03	VR	53- 268		624261	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP DREAAM BIG	9,166.00
											VENDOR TOTAL	9,166.00 *

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24095	EMK CONSULTING LLC	8/12/21 02 VR 53-	251		623428	8/13/21	090-053-533.07-00	PROFESSIONAL SERVICES	INV 474 8/2	2,315.00
									VENDOR TOTAL	2,315.00 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR SUITE 4D	9/02/21 03 VR 53-	269		624266	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEP FAM SUP/STRENGT	5,398.00
									VENDOR TOTAL	5,398.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY	9/02/21 03 VR 53-	270		624273	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP COUNDELING	2,500.00
					624273	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SELF HELP CENTE	2,369.00
					624273	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SENIOR CNSL/ADV	13,529.00
									VENDOR TOTAL	18,398.00 *
26760	FIRST FOLLOWERS	9/02/21 03 VR 53-	271		624276	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP FIRST STEP HOUS	3,291.00
					624276	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL PEER MENTORING	7,916.00
					624276	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG PEER MENTORING	7,916.00
					624276	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PEER MENTORING	7,916.00
									VENDOR TOTAL	27,039.00 *
30550	GROW IN ILLINOIS	9/02/21 03 VR 53-	272		624283	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PEER SUPPORT	6,436.00
									VENDOR TOTAL	6,436.00 *
35050	I3 BROADBAND - CU	8/12/21 02 VR 53-	248		623437	8/13/21	090-053-533.29-00	COMPUTER/INF TCH SERVICES	INV 21644211 8/4	144.95
					623437	8/13/21	090-053-533.29-00	COMPUTER/INF TCH SERVICES	INV 21393551 7/4	144.95
					624291	9/10/21	090-053-533.29-00	COMPUTER/INF TCH SERVICES	INV 21904381 9/4	144.95
									VENDOR TOTAL	434.85 *
44570	MAHOMET AREA YOUTH CLUB									

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9/02/21 03 VR 53- 273 624319 9/10/21 090-053-533.92-00 CONTRIBUTIONS & GRANTS SEP BLAST 1,250.00

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***	FUND NO. 090	MENTAL HEALTH									
9/02/21	03 VR	53-	273	624319	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP MEMBERS MATTER		1,988.00	
								VENDOR TOTAL		3,238.00 *	
45438	MARTIN ONE SOURCE INC										
8/25/21	04 VR	53-	253	5988	8/31/21	090-053-533.98-00	DISABILITY EXPO	INV 412308 7/23		965.00	
								VENDOR TOTAL		965.00 *	
54650	PEPSI COLA CHAMPAIGN-URBANA BOTTLING										
8/25/21	04 VR	53-	254	623979	8/31/21	090-053-522.02-00	OFFICE SUPPLIES	INV 81100170 6/22		5.25-	
8/25/21	04 VR	53-	254	623979	8/31/21	090-053-522.02-00	OFFICE SUPPLIES	INV 81101389 8/17		39.00	
								VENDOR TOTAL		33.75 *	
58118	QUILL CORPORATION (MH)										
8/09/21	03 VR	53-	247	623478	8/13/21	090-053-522.02-00	OFFICE SUPPLIES	INV 18209509 7/21		170.58	
8/09/21	03 VR	53-	247	623478	8/13/21	090-053-522.44-00	EQUIPMENT LESS THAN \$5000	INV 18312005 7/27		466.18	
8/09/21	03 VR	53-	247	623478	8/13/21	090-053-522.44-00	EQUIPMENT LESS THAN \$5000	INV 18224036 7/22		238.85	
8/09/21	03 VR	53-	247	623478	8/13/21	090-053-522.02-00	OFFICE SUPPLIES	INV 18198188 7/21		37.44	
8/25/21	04 VR	53-	255	623982	8/31/21	090-053-522.02-00	OFFICE SUPPLIES	INV 18589130 8/6		18.68	
8/25/21	04 VR	53-	255	623982	8/31/21	090-053-522.02-00	OFFICE SUPPLIES	INV 18602716 8/6		225.19	
8/25/21	04 VR	53-	255	623982	8/31/21	090-053-522.02-00	OFFICE SUPPLIES	INV 18692208 8/6		93.40	
								VENDOR TOTAL		1,250.32 *	
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS SUITE 211										
9/02/21	03 VR	53-	274	624350	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SEX VIOL PREV/E		5,250.00	
								VENDOR TOTAL		5,250.00 *	
59472	RATTLE THE STARS										
9/02/21	03 VR	53-	275	624351	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP YTH SUIC PREV/E		7,208.00	
								VENDOR TOTAL		7,208.00 *	
61780	ROSECRANCE, INC.										
9/02/21	03 VR	53-	276	624362	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CRIMNL JUSTC PS		25,362.00	

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*** FUND NO. 090 MENTAL HEALTH											
		9/02/21	03 VR	53- 276		624362	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CRIS/ACCS/BEMF	16,996.00
		9/02/21	03 VR	53- 276		624362	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEPFRESH START	7,372.00
		9/02/21	03 VR	53- 276		624362	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PREVENTION SVCS	5,000.00
		9/02/21	03 VR	53- 276		624362	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP RECOVERY HOME	16,666.00
		9/02/21	03 VR	53- 276		624362	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SPECIALTY COURT	14,122.00
		9/02/21	03 VR	53- 276		624362	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL PREVENTION SVCS	5,000.00
		9/02/21	03 VR	53- 276		624362	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG PREVENTION SVCS	5,000.00
										VENDOR TOTAL	95,518.00 *
72628	TERRAPIN STATION SOBER LIVING NFP INC										
		9/02/21	03 VR	53- 277		624380	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL RECOVERY HOME	3,916.00
		9/02/21	03 VR	53- 277		624380	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG RECOVERY HOME	3,916.00
		9/02/21	03 VR	53- 277		624380	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP RECOVERY HOME	3,916.00
										VENDOR TOTAL	11,748.00 *
72705	THE WELL EXPERIENCE										
		9/02/21	03 VR	53- 280		624381	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL FAMILY SVCS	6,666.00
		9/02/21	03 VR	53- 280		624381	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG FAMILY SVCS	6,666.00
		9/02/21	03 VR	53- 280		624381	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP FAMILY SVCS	6,666.00
										VENDOR TOTAL	19,998.00 *
76609	UNITED WAY OF CHAMPAIGN COUNTY										
		9/02/21	03 VR	53- 282		624389	9/10/21	090-053-533.07-00	PROFESSIONAL SERVICES	1ST QTR 211 PATH SV	5,625.00
										VENDOR TOTAL	5,625.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY										
		9/02/21	03 VR	53- 278		624390	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CHLD/YTH/FAM PR	7,599.00
		9/09/21	02 VR	53- 288		624390	9/10/21	090-053-533.98-00	DISABILITY EXPO	INV 21002 9/8	200.00
										VENDOR TOTAL	7,799.00 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH AC#4798510049573930										
		8/25/21	04 VR	53- 256		624044	8/31/21	090-053-533.89-00	PUBLIC RELATIONS	3930 TARGET 7/16	50.00

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*** FUND NO. 090 MENTAL HEALTH										
		8/25/21 04 VR	53- 256		624044	8/31/21	090-053-533.89-00	PUBLIC RELATIONS	3930 TARGET 7/16	50.00
		8/25/21 04 VR	53- 256		624044	8/31/21	090-053-533.89-00	PUBLIC RELATIONS	3930 TARGET 7/16	50.00
		8/25/21 04 VR	53- 256		624044	8/31/21	090-053-533.89-00	PUBLIC RELATIONS	3930 TARGET 7/16	25.00
		8/25/21 04 VR	53- 256		624044	8/31/21	090-053-533.89-00	PUBLIC RELATIONS	3930 TARGET 7/16	25.00
		8/25/21 04 VR	53- 256		624044	8/31/21	090-053-533.89-00	PUBLIC RELATIONS	3930 TARGET 7/16	50.00
		8/25/21 04 VR	53- 256		624044	8/31/21	090-053-533.29-00	COMPUTER/INF TCH SERVICES	3930 TARGET ZOOM 7/31	299.80
		8/25/21 04 VR	53- 256		624044	8/31/21	090-053-522.06-00	POSTAGE, UPS, FED EXPRESS	3930 USPS 8/9	33.00
									VENDOR TOTAL	582.80 *
UNIT 956										
80665	WIN RECOVERY INC	9/02/21 03 VR	53- 281		624416	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL WIN RECOVERY	5,790.00
		9/02/21 03 VR	53- 281		624416	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG WIN RECOVERY	5,790.00
		9/02/21 03 VR	53- 281		624416	9/10/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP WIN RECOVERY	5,790.00
									VENDOR TOTAL	17,370.00 *
XEROX CORPORATION										
81610	XEROX CORPORATION	8/12/21 02 VR	53- 249		623515	8/13/21	090-053-533.85-00	PHOTOCOPY SERVICES	INV 230389912 8/1	199.06
		9/09/21 02 VR	53- 286		624418	9/10/21	090-053-533.85-00	PHOTOCOPY SERVICES	INV 230391686 9/1	199.06
									VENDOR TOTAL	398.12 *
									DEPARTMENT TOTAL	525,626.46 *
									FUND TOTAL	525,626.46 *

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