



Champaign County Mental Health Board (CCMHB) Meeting Agenda

Wednesday, November 17, 2021 at 6:15PM

(immediately following a Joint Study Session of the CCMHB and CCDDDB)

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 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 and CCDDDB reserve 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. Approval of CCMHB Minutes (**pages 4-9**)*
Minutes from the 10/20/2021 board meeting and 10/27/2021 study session are included. Action is requested.
9. Expenditure List (**pages 10-24**)*
An "Expenditure Approval List" is included. Action is requested, to accept the list and place it on file.
10. New Business – None.
11. Agency Information
The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.
12. Old Business
 - A. Update on CILA Project (**pages 25-27**)*

Included in the packet is a Decision Memorandum offering an update on the sale of the CILA properties and seeking Board action.

B. DRAFT PY2023 Allocation Priorities and Selection Criteria (pages 28-41)

For information only is a DRAFT of funding priorities and selection criteria for the Program Year 2023. Also included is feedback from stakeholders, received prior to November 5. No action is requested.

C. DRAFT Revised CCMHB Funding Guidelines (pages 42-59)

For review and discussion is a new draft of revised CCMHB Requirements and Guidelines for Allocation of Funds. No action is requested.

D. Update from 211-PATH (pages 60-73)

Included for information only are communications from the Executive Director of PATH and 211 data reports for the period of July 1 to September 30, 2021.

E. Schedules & Allocation Process Timeline (pages 74-78)

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

13. CCDDDB Input

14. Staff Reports (pages 79-90)

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

15. Board to Board Reports

16. Board Announcements

17. Adjournment

**Board action requested*

#3

Instructions for participating in Zoom Conference Bridge for Joint Study Session (followed by MHB Meeting) November 17, 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

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

Meeting ID: 813 9367 5682

One tap mobile

+13126266799,,81393675682# US (Chicago)

+13017158592,,81393675682# US (Washington D.C)

Dial by your location

+1 312 626 6799 US (Chicago)

+1 301 715 8592 US (Washington D.C)

+1 646 558 8656 US (New York)

+1 669 900 9128 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

Meeting ID: 813 9367 5682

Find your local number: <https://us02web.zoom.us/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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#8

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
REGULAR MEETING**

Minutes—October 20, 2021

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

5:45 p.m.

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

MEMBERS EXCUSED: Elaine Palencia

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

OTHERS PRESENT: Tracy Parsons, City of Champaign; Charles Burton, Don Moyer Boys and Girls Club (DMBGC); Laura Lindsey, Pat Ege, Cunningham Children's Home; Nicole Smith, DSC; Nicole Frydman, UP Center; Jorge Rojas Alvarez, University of Illinois; Chris Stohr, GROW; Jennifer Henry, Promise Healthcare; Gail Raney, Rosecrance

CALL TO ORDER:

Mr. Joe Omo-Osagie called the meeting to order at 5:45 p.m. Instructions were included in the packet.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

APPROVAL OF AGENDA:

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

PRESIDENT’S COMMENTS:

Mr. Joe Omo-Osagie spoke briefly regarding anxiety and depression for young people in schools.

EXECUTIVE DIRECTOR’S COMMENTS:

Director Lynn Canfield briefly reviewed the agenda.

NEW BUSINESS:

Summer Youth Initiatives Presentation:

Tracy Parsons and Charles Burton provided an overview and video of 2021 Champaign Community Coalition Summer Youth Initiatives.

UIUC Community Data Clinic Resource Project:

Included in the Board packet was a presentation on the online resource directory project. The project team leader, Jorge Rojas Alvarez, gave a summary of this work so far and of next steps. Board members were given an opportunity to ask questions.

DRAFT PY2023 Allocation Priorities and Selection Criteria:

For review and discussion was an initial draft of funding allocation priorities and selection criteria for the Program Year 2023. A final draft will be brought back at a later date.

DRAFT Revised CCMHB Funding Guidelines:

For review and discussion was an initial draft of revised CCMHB Requirements and Guidelines for Allocation of Funds. A final draft will be brought back to the Board at a later date.

Financial Management Coaching Pilot Project:

Included in the packet was a Decision Memo regarding a potential pilot project for independent consultants to offer coaching on financial management to a small set of agencies. For participation in a pilot, which could begin as early as November 1, staff have considered many agencies, taking into account: compliance concerns; audit findings; total agency revenue; number of paid staff; staff or consultants dedicated to financial management; willingness to participate in extra support; and number of years receiving CCMHB/CCDDB funding. If this project is approved, staff will ask about interest and match three to five agencies to a consultant.

Each independent consultant contract will have a total contract maximum of \$4,000 or less and will begin November 1, 2021 and extend through May 2022, paid out of FY21 and FY22. These charges are assigned to Professional Services (533.07) in the CCMHB Budgets, and for now – with no CCDDB agencies included in the project – would not be split with the CCDDB.

MOTION: Dr. Fowler moved to approve for the CCMHB/CCDDB Executive Director to negotiate up to two contracts with independent consultants for bookkeeping/financial supports as presented in the memorandum. The Board shall review the outcomes of the project at the end of the fiscal year. Dr. Youakim seconded the motion. A roll call vote was taken and all members voted aye. The motion passed.

Request for Reconsideration of Contract Cancellation:

Included in the packet were letters from Promise Healthcare and their independent CPA firm requesting reconsideration of cancellation of contracts due to no approved audit prior to the automatic deadline extension. CCMHB staff sent Promise a contract (s) termination letter by certified mail effective October 1, 2021. Dr. Fowler requested some clarification on the issue. Dr. Rappaport and Dr. Youakim requested more information regarding the audit from the director of Promise, Jennifer Henry who was present at the meeting. Ms. Sprandel expressed her concern over granting reconsideration and the public example it will represent. There was a general discussion among Board members regarding the services provided by Promise.

MOTION: Dr. Fowler moved under the special circumstances of COVID and change in administration, we extend the audit due date for Promise Healthcare by one month in order to avoid disruption in services pending approval of the audit. Dr. Youakim seconded the motion. A voice vote was taken. The following members voted aye: Fowler, Maurer, Youakim, Patterson, Omo-Osagie. The following members vote nay: Hausman, Rappaport, Sprandel. The motion passed.

Agency Information:

Included in the packet, for information only, was an update from Cunningham Children's Home on currently funded programs.

OLD BUSINESS:

Update on CILA Project:

Included for information was a Briefing Memorandum with update on the project.

PY2021 Utilization Report for Funded Programs:

For information only, the packet included a summary of utilization results for all CCMHB funded PY2021 programs.

Schedules & Allocation Process Timeline:

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

CCDDDB Information:

The CCDDDB met this morning. They had similar agenda items as the CCMHB.

APPROVAL OF CCMHB MINUTES:

Meeting minutes from September 22, 2021 were included in the Board packet.

MOTION: Dr. Rappaport moved to approve the CCMHB minutes from September 22, 2021. Mr. Hausman seconded the motion. A roll call vote was taken. Dr. Fowler abstained from the vote. The motion passed.

STAFF REPORTS:

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

BOARD TO BOARD REPORTS:

None.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:40 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDDB Staff

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

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
STUDY SESSION**

Minutes—October 27, 2021

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

5:45 p.m.

MEMBERS PRESENT: Susan Fowler, Matt Hausman, Daphne Maurer, Joseph Omo-Osagie, Elaine Palencia, Julian Rappaport, Jane Sprandel, Jon Paul Youakim

MEMBERS EXCUSED: Kyle Patterson

STAFF PRESENT: Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo

OTHERS PRESENT: Elise Belknap, Head Start; Jessica McCann, CRPC; Lee Ann Kelly, Karen Simms, Trauma and Resilience Initiative; Mary Catherine Roberson, City of Champaign; Chris Stohr, GROW; Regina Crider, Ulanda Hunter, Youth and Family Peer Support Alliance

CALL TO ORDER:

Mr. Joe Omo-Osagie called the meeting to order at 5:45 p.m. Executive Director Canfield was present at the Brookens Administrative Center as per the Open Meetings Act.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

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APPROVAL OF AGENDA:

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

PRESIDENT’S COMMENTS:

Mr. Joe Omo-Osagie made some brief comments regarding violence in our community.

EXECUTIVE DIRECTOR’S COMMENTS:

Director Lynn Canfield reviewed the agenda.

NEW BUSINESS:

Coalition Community Violence Response Team:

The study session packet contained an overview and updates on the Champaign County Community Coalition Violence Response Team (CVRT). Presenters were: Karen Simms, Executive Director, CU Trauma & Resilience Initiative, Mary Roberson, Community Relations Specialist, Champaign City Manager’s Office, Office of Equity, Community and Human Rights, and Regina Crider, Executive Director, Youth and Family Peer Support Alliance.

Youth & Family Peer Support Alliance:

Regina Crider, Executive Director, and Ulanda R. Hunter, Project Director and Parent Peer Support Supervisor, of the Youth and Family Peer Support Alliance (The Alliance) presented on the organization’s work and related advocacy efforts.

Following the presentations, Board members were given an opportunity to ask questions and make comments.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:41 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

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VENDOR NO	VENDOR NAME	TRN B TR	TRN DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
***	FUND NO. 090	MENTAL HEALTH									
***	DEPT NO. 053	MENTAL HEALTH BOARD									
25	CHAMPAIGN COUNTY	TREASURER-GEN	CORP RENT								
	10/05/21	03 VR	53- 323			625176	10/08/21	090-053-533.50-00	FACILITY/OFFICE RENTALS	OCT OFFICE RENT	1,927.03
									VENDOR TOTAL		1,927.03 *
41	CHAMPAIGN COUNTY	TREASURER-HLTH	INS 620								
	9/28/21	02 VR	620- 141			625004	9/30/21	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	JUL-SEP FSA ADMIN	12.00
	9/28/21	05 VR	620- 145			625004	9/30/21	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	SEP HI,LI&ADMIN	4,087.00
									VENDOR TOTAL		4,099.00 *
88	CHAMPAIGN COUNTY	TREASURER-IMRF	088								
	9/14/21	06 VR	88- 31			624514	9/17/21	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 9/10 PR	1,092.35
	9/28/21	02 VR	88- 33			625007	9/30/21	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 2/24 PR	1,092.35
									VENDOR TOTAL		2,184.70 *
104	CHAMPAIGN COUNTY	TREASURER-HS	FUND 104								
	10/05/21	03 VR	53- 299			625180	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT EARLY CHILHD M	27,197.00
									VENDOR TOTAL		27,197.00 *
161	CHAMPAIGN COUNTY	TREASURER									
									REG PLAN COMM FND075		
	10/05/21	03 VR	53- 300			625183	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT HOMELESS COORD	4,325.00
	10/05/21	03 VR	53- 300			625183	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT JUSTICE SYS DIV	22,856.00
	10/05/21	03 VR	53- 300			625183	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT YOUTH ASSMTN CT	6,362.00
									VENDOR TOTAL		33,543.00 *
176	CHAMPAIGN COUNTY	TREASURER									
									SELF-FUND INS FND476		
	10/05/21	05 VR	119- 54			625184	10/08/21	090-053-513.04-00	WORKERS' COMPENSATION	INSW/C 9/10 9/24 PR	183.82
									VENDOR TOTAL		183.82 *
179	CHAMPAIGN COUNTY	TREASURER									
									CHLD ADVC CTR FND679		
	10/05/21	03 VR	53- 296			625187	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CAC	4,855.00

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VENDOR TOTAL 4,855.00 *

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VENDOR NO	VENDOR NAME	TRN B TR	TRNS NO	PO NO	CHECK NUMBER	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
188	CHAMPAIGN COUNTY TREASURER-SS	FUND 188							
	9/14/21 06 VR 188-	59			624518	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA	9/10 PR	1,216.37
	9/28/21 02 VR 188-	62			625011	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA	9/24 PR	1,216.35
							VENDOR TOTAL		2,432.72 *
4990	ASSN OF COMMUNITY MENTAL HLTH AUTH OF IL SUITE 27C								
	9/14/21 02 VR 53-	289			624531	090-053-533.93-00	DUES AND LICENSES	INV 1120 2/2 2ND PT	8,000.00
							VENDOR TOTAL		8,000.00 *
5780	BP COMPUTER SERVICES								
	9/30/21 01 VR 53-	321			625207	090-053-533.07-00	PROFESSIONAL SERVICES	4TH QTR COMPUTER SV	750.00
							VENDOR TOTAL		750.00 *
15127	CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER								
	9/30/21 01 VR 53-	297			625226	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT MENTAL HLTH CAR	2,750.00
							VENDOR TOTAL		2,750.00 *
15184	CHAMPAIGN COUNTY HEALTH CARE CONSUMERS	SUITE 208							
	9/30/21 01 VR 53-	298			625227	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CHW OUTRCH/BENF	6,785.00
	9/30/21 01 VR 53-	298			625227	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT DISABILITY SVC	5,958.00
	9/30/21 01 VR 53-	298			625227	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT JUSTICE INVOLVE	6,543.00
							VENDOR TOTAL		19,286.00 *
16930	CHRISP MEDIA, LLC								
	9/30/21 01 VR 53-	322			625233	090-053-533.07-00	PROFESSIONAL SERVICES	4TH QTR PROF FEE	234.00
							VENDOR TOTAL		234.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY								
	9/30/21 01 VR 53-	301			625238	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT RESOURCE CONNEC	5,760.00
							VENDOR TOTAL		5,760.00 *
18430	CONSOLIDATED COMMUNICATIONS								

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9/21/21 02 VR 28- 71

624844 9/24/21 090-053-533.33-00 TELEPHONE SERVICE

21738437760 9/1

VENDOR TOTAL 29.39 *

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VENDOR NO	VENDOR NAME	TRN B TR	TRN N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090	MENTAL HEALTH										
19260	COURAGE CONNECTION	9/30/21	01 VR 53-	302		625243	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT COURAGE CONNECT	10,583.00
										VENDOR TOTAL	10,583.00 *
19346	CRISIS NURSERY	9/30/21	01 VR 53-	303		625246	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT BEYOND BLUE	8,125.00
										VENDOR TOTAL	8,125.00 *
20271	CUNNINGHAM CHILDREN'S HOME	9/30/21	01 VR 53-	304		625250	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT ECHO HOUSING/EM	8,467.00
		9/30/21	01 VR 53-	304		625250	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT FAMILIES STRONG	33,592.00
										VENDOR TOTAL	42,059.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC	9/30/21	01 VR 53-	305		625254	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT FAM DEV CENTER	49,710.00
										VENDOR TOTAL	49,710.00 *
22730	DON MOYER BOYS & GIRLS CLUB #770	9/30/21	01 VR 53-	306		625258	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CU CHANGE	8,333.00
		9/30/21	01 VR 53-	306		625258	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CU NGHBRHD CHAM	9,166.00
		9/30/21	01 VR 53-	306		625258	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT YOUTH/FAMILY SV	13,333.00
										VENDOR TOTAL	30,832.00 *
22870	DREAM HOUSE	9/30/21	01 VR 53-	307		625261	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT DREAM BIG	9,166.00
										VENDOR TOTAL	9,166.00 *
24095	EMK CONSULTING LLC	9/22/21	01 VR 53-	293		624851	9/24/21	090-053-533.07-00	PROFESSIONAL SERVICES	INV 489 9/6	1,894.00
		9/22/21	01 VR 53-	293		624851	9/24/21	090-053-533.07-00	PROFESSIONAL SERVICES	INV 490 9/13	2,415.00
										VENDOR TOTAL	4,309.00 *

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24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR SUITE 4D	9/30/21	01 VR	53- 308	625263	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT FAM SUP/STRENGT		5,398.00
									VENDOR TOTAL		5,398.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY	9/30/21	01 VR	53- 309	625270	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT COUNSELLING		2,500.00
		9/30/21	01 VR	53- 309	625270	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT SELF HELP CENTE		2,369.00
		9/30/21	01 VR	53- 309	625270	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT SENIOR CNSL/ADV		13,529.00
									VENDOR TOTAL		18,398.00 *
26760	FIRST FOLLOWERS	9/30/21	01 VR	53- 310	625274	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT FIRST STEP HOUS		3,291.00
		9/30/21	01 VR	53- 310	625274	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT PEER MENTORING		7,916.00
									VENDOR TOTAL		11,207.00 *
35050	I3 BROADBAND - CU	10/05/21	04 VR	53- 325	625291	10/08/21	090-053-533.29-00	COMPUTER/INF TCH SERVICES	INV 22168171 10/4		144.95
									VENDOR TOTAL		144.95 *
44570	MAHOMET AREA YOUTH CLUB	9/30/21	01 VR	53- 312	625326	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT BLAST		1,250.00
		9/30/21	01 VR	53- 312	625326	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT MEMBERS MATTER		1,988.00
									VENDOR TOTAL		3,238.00 *
47690	MINUTEMAN PRESS	9/14/21	02 VR	53- 290	624613	9/17/21	090-053-533.98-00	DISABILITY EXPO	INV 65788 9/9		62.03
									VENDOR TOTAL		62.03 *
54650	PEPSI COLA CHAMPAIGN-URBANA BOTTLING	10/05/21	04 VR	53- 327	625347	10/08/21	090-053-522.02-00	OFFICE SUPPLIES	INV 81102043 9/28		13.50
									VENDOR TOTAL		13.50 *

*** FUND NO. 090 MENTAL HEALTH

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CHAMPAIGN COUNTY

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VENDOR NO	VENDOR NAME	TRN B	TR	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
58118	QUILL CORPORATION (MH)	9/22/21	01	VR 53- 292	624909	9/24/21	090-053-522.44-00	EQUIPMENT LESS THAN \$5000	INV 19131483 8/30		233.63
									VENDOR TOTAL		233.63 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS SUITE 211	9/30/21	01	VR 53- 313	625359	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT SEX VIOL PREV/E		5,250.00
									VENDOR TOTAL		5,250.00 *
59472	RATTLE THE STARS	9/30/21	01	VR 53- 314	625360	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT YTH SUIC PREV/E		7,208.00
									VENDOR TOTAL		7,208.00 *
61780	ROSECRANCE, INC.	9/30/21	01	VR 53- 315	625367	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CRIMNL JUSTC PS		25,362.00
		9/30/21	01	VR 53- 315	625367	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CRIS/ACCS/BENF		16,996.00
		9/30/21	01	VR 53- 315	625367	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT FRESH START		7,372.00
		9/30/21	01	VR 53- 315	625367	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT PREVENTION SVCS		5,000.00
		9/30/21	01	VR 53- 315	625367	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT RECOVERY HOME		16,666.00
		9/30/21	01	VR 53- 315	625367	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT SPECIALTY COURT		14,122.00
									VENDOR TOTAL		85,518.00 *
72628	TERRAPIN STATION SOBER LIVING NFP INC	9/30/21	01	VR 53- 316	625384	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT RECOVERY HOME		3,916.00
									VENDOR TOTAL		3,916.00 *
72705	THE WELL EXPERIENCE	9/30/21	01	VR 53- 319	625385	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT FAMILY SVCS		6,666.00
									VENDOR TOTAL		6,666.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY	9/30/21	01	VR 53- 317	625393	10/08/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CHLD/YTH/FAM PR		7,599.00
									VENDOR TOTAL		7,599.00 *

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VENDOR NO	VENDOR TRN B TR	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH									
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH	AC#4798510049573930							
	9/22/21 01 VR 53- 291		624952	9/24/21 090-053-533.89-00	PUBLIC RELATIONS		3930 MEIKER 8/11		49.21
	9/22/21 01 VR 53- 291		624952	9/24/21 090-053-522.44-00	EQUIPMENT LESS THAN \$50003930		AMAZON 8/18		167.03
							VENDOR TOTAL		216.24 *
80665	WIN RECOVERY INC	UNIT 956							
	9/30/21 01 VR 53- 320		625415	10/08/21 090-053-533.92-00	CONTRIBUTIONS & GRANTS		OCT WIN RECOVERY		5,790.00
							VENDOR TOTAL		5,790.00 *
602572	BOWDRY, KIM	MENTAL HEALTH BOARD							
	9/22/21 01 VR 53- 295		624966	9/24/21 090-053-533.12-00	JOB-REQUIRED TRAVEL EXP		109.5 MILES 7/26-8/		61.32
	9/22/21 01 VR 53- 295		624966	9/24/21 090-053-533.12-00	JOB-REQUIRED TRAVEL EXP		PARKING 8/9		.50
							VENDOR TOTAL		61.82 *
602880	BRESSNER, BARBARA J.								
	10/05/21 04 VR 53- 326		625419	10/08/21 090-053-533.98-00	DISABILITY EXPO		4TH QTR PROF FEE		7,031.25
							VENDOR TOTAL		7,031.25 *
603745	BRYSON, LEON	MENTAL HEALTH BOARD							
	10/05/21 04 VR 53- 324		625420	10/08/21 090-053-533.12-00	JOB-REQUIRED TRAVEL EXP		117.3 MILS 7/28-10/		65.69
							VENDOR TOTAL		65.69 *
631293	MCMANUS, ED	UNIT 205							
	9/22/21 01 VR 53- 294		624984	9/24/21 090-053-533.07-00	PROFESSIONAL SERVICES		TERM 10/1-4/1/22		500.00
							VENDOR TOTAL		500.00 *
							DEPARTMENT TOTAL		436,532.77 *
							FUND TOTAL		436,532.77 *

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VENDOR NO	VENDOR NAME	TRN B TR	TRN DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
***	FUND NO. 090	MENTAL HEALTH									
***	DEPT NO. 053	MENTAL HEALTH BOARD									
12	CHAMPAIGN COUNTY	TREASURER-POSTAGE REIMB									
	10/19/21	03 VR	53-	330		625776	10/22/21	090-053-522.06-00	POSTAGE, UPS, FED EXPRESSMENT HLTH PSTG SEP		117.15
									VENDOR TOTAL		117.15 *
25	CHAMPAIGN COUNTY	TREASURER-GEN CORP RENT									
	11/02/21	02 VR	53-	356		626235	11/05/21	090-053-533.50-00	FACILITY/OFFICE RENTALS	NOV OFFICE RENT	1,927.03
									VENDOR TOTAL		1,927.03 *
41	CHAMPAIGN COUNTY	TREASURER-HLTH INS 620									
	108/28/21	05 VR	620-	156		626035	10/29/21	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	OCT HI, LI & ADMIN	4,087.00
									VENDOR TOTAL		4,087.00 *
88	CHAMPAIGN COUNTY	TREASURER-IMRF 088									
	10/19/21	03 VR	88-	34		625779	10/22/21	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 10/8 PR	1,092.35
	10/26/21	01 VR	88-	36		626039	10/29/21	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 10/22 PR	1,092.35
									VENDOR TOTAL		2,184.70 *
104	CHAMPAIGN COUNTY	TREASURER-HS FUND 104									
	11/02/21	02 VR	53-	336		626239	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV EARLY CHILHD M	27,197.00
									VENDOR TOTAL		27,197.00 *
161	CHAMPAIGN COUNTY	TREASURER									
	11/05/21	02 VR	53-	337		626241	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV HOMELESS COORD	4,325.00
	11/05/21	02 VR	53-	337		626241	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV JUSTICE SYS DIV	22,856.00
	11/05/21	02 VR	53-	337		626241	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV YOUTH ASSMT CTR	6,362.00
									VENDOR TOTAL		33,543.00 *
176	CHAMPAIGN COUNTY	TREASURER									
	10/26/21	01 VR	119-	59		626042	10/29/21	090-053-513.04-00	WORKERS' COMPENSATION	INSWC 10/8, 22 PR	183.82
									VENDOR TOTAL		183.82 *

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179	CHAMPAIGN COUNTY TREASURER	11/02/21 02 VR 53-	333	626243	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV CAC		4,855.00
								VENDOR TOTAL		4,855.00 *
188	CHAMPAIGN COUNTY TREASURER-SS	FUND 188								
		10/19/21 03 VR 188-	65	625784	10/22/21	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA	10/8 PR		1,216.37
		10/26/21 01 VR 188-	68	626044	10/29/21	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA	10/22 PR		1,216.37
								VENDOR TOTAL		2,432.74 *
10810	BUSINESS WHITE PAGES INC.	11/03/21 01 VR 53-	359	626265	11/05/21	090-053-533.70-00	LEGAL NOTICES,ADVERTISINGINV	97226 10/4		583.95
								VENDOR TOTAL		583.95 *
15127	CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER	11/05/21 02 VR 53-	334	626273	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV MENTAL HLTH CAR		2,750.00
								VENDOR TOTAL		2,750.00 *
15184	CHAMPAIGN COUNTY HEALTH CARE CONSUMERS	SUITE 208								
		11/05/21 02 VR 53-	335	626274	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV CHW OTRCH/BENF		6,785.00
		11/05/21 02 VR 53-	335	626274	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV DISABILITY SVC		5,958.00
		11/05/21 02 VR 53-	335	626274	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV JUSTICE INVOLVE		6,543.00
								VENDOR TOTAL		19,286.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY	11/05/21 02 VR 53-	338	626282	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV RESURCE CONNECT		5,760.00
								VENDOR TOTAL		5,760.00 *
18430	CONSOLIDATED COMMUNICATIONS	10/18/21 01 VR 28-	78	625841	10/22/21	090-053-533.33-00	TELEPHONE SERVICE	2173843760 10/1		29.12
								VENDOR TOTAL		29.12 *
19260	COURAGE CONNECTION									

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11/05/21 02 VR 53- 339 626286 11/05/21 090-053-533.92-00 CONTRIBUTIONS & GRANTS NOV COURAGE CONNECT 10,583.00
VENDOR TOTAL 10,583.00 *

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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
19346	CRISIS NURSERY	11/05/21 02 VR 53- 340	53- 340	626289	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV BEYOND BLUE VENDOR TOTAL	8,125.00 8,125.00 *	
20271	CUNNINGHAM CHILDREN'S HOME	11/05/21 02 VR 53- 341	53- 341	626290	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV ECHO HOUSING/EM NOV FAMILIES STRONG VENDOR TOTAL	8,467.00 33,592.00 42,059.00 *	
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC	11/05/21 02 VR 53- 342	53- 342	626296	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV FAM DEV CENTER VENDOR TOTAL	49,710.00 49,710.00 *	
22730	DON MOYER BOYS & GIRLS CLUB #770	11/05/21 05 VR 53- 343	53- 343	626297	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV CU CHANGE NOV CU NGHBRHD CHAM NOV YOUTH/FAMILY SV VENDOR TOTAL	8,333.00 9,166.00 13,333.00 30,832.00 *	
22870	DREAM HOUSE	11/05/21 05 VR 53- 344	53- 344	626299	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV DREAM BIG VENDOR TOTAL	9,166.00 9,166.00 *	
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR SUITE 4D	11/05/21 05 VR 53- 345	53- 345	626303	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV FAM SUP/STRENGT VENDOR TOTAL	5,398.00 5,398.00 *	
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY GRANTS	11/05/21 05 VR 53- 346	53- 346	626308	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV COUNSELING NOV SELF HELP CENTE NOV SENIOR CNSL/ADV VENDOR TOTAL	2,500.00 2,369.00 13,529.00 18,398.00 *	

*** FUND NO. 090 MENTAL HEALTH

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26760	FIRST FOLLOWERS									
	11/05/21 05 VR 53-	347			626312	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV FIRST STEP HOUS	3,291.00
	11/05/21 05 VR 53-	347			626312	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV PEER MENTORING	7,916.00
									VENDOR TOTAL	11,207.00 *
30550	GROW IN ILLINOIS									
	10/19/21 02 VR 53-	311			625863	10/22/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT PEER SUPPORT	6,436.00
	11/05/21 05 VR 53-	348			626318	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV PEER SUPPORT	6,436.00
									VENDOR TOTAL	12,872.00 *
44570	MAHOMET AREA YOUTH CLUB									
	11/05/21 05 VR 53-	349			626347	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV BLAST	1,250.00
	11/05/21 05 VR 53-	349			626347	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV MEMBERS MATTER	1,988.00
									VENDOR TOTAL	3,238.00 *
45436	MARTIN ONE SOURCE INC									
	11/04/21 03 VR 53-	357			6140	11/05/21	090-053-533.98-00	DISABILITY EXPO	INV 414315 11/1	910.88
									VENDOR TOTAL	910.88 *
57196	PROMISE HEALTHCARE									
	11/04/21 03 VR 53-	358			626368	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL MENTAL HLTH SVC	29,176.00
	11/04/21 03 VR 53-	358			626368	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL WELLNESS	8,998.00
	11/04/21 03 VR 53-	358			626368	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG MENTAL HLTH SVC	29,176.00
	11/04/21 03 VR 53-	358			626368	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG WELLNESS	8,998.00
	11/04/21 03 VR 53-	358			626368	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP MENTAL HLTH SVC	29,176.00
	11/04/21 03 VR 53-	358			626368	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP WELLNESS	8,998.00
	11/04/21 03 VR 53-	358			626368	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT MENTAL HLTH SVC	29,176.00
	11/04/21 03 VR 53-	358			626368	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT WELLNESS	8,998.00
	11/04/21 03 VR 53-	358			626368	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV MENTAL HLTH SVC	29,176.00
	11/04/21 03 VR 53-	358			626368	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV WELLNESS	8,998.00
									VENDOR TOTAL	190,870.00 *

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58118	QUILL CORPORATION (MH)						ACCOUNT QL8197518			
		10/19/21 02 VR 53- 328			625915	10/22/21	090-053-522.02-00	OFFICE SUPPLIES	INV 19878650 9/29	21.42
		10/19/21 02 VR 53- 328			625915	10/22/21	090-053-522.04-00	COPIER SUPPLIES	INV 19878650 9/29	166.50
		10/27/21 08 VR 53- 332			626141	10/29/21	090-053-522.02-00	OFFICE SUPPLIES	INV 19978528 10/4	82.95
		10/27/21 08 VR 53- 332			626141	10/29/21	090-053-522.02-00	OFFICE SUPPLIES	INV 19965240 10/4	19.99
		10/27/21 08 VR 53- 332			626141	10/29/21	090-053-522.02-00	OFFICE SUPPLIES	INV 19959784 10/4	27.98
								VENDOR TOTAL		318.84 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS SUITE 211									
		11/05/21 05 VR 53- 350			626370	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV SEX VIOL PREV/E	5,250.00
									VENDOR TOTAL	5,250.00 *
61780	ROSECRANCE, INC.									
		11/05/21 05 VR 53- 351			626377	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV CRIMNL JUSTC PS	25,362.00
		11/05/21 05 VR 53- 351			626377	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV CRIS/ACCSS/BENF	16,996.00
		11/05/21 05 VR 53- 351			626377	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV FRESH START	7,372.00
		11/05/21 05 VR 53- 351			626377	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV PREVENTION SVCS	5,000.00
		11/05/21 05 VR 53- 351			626377	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV RECOVERY HOME	16,666.00
		11/05/21 05 VR 53- 351			626377	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV SPECIALTY COURT	14,122.00
								VENDOR TOTAL		85,518.00 *
72628	TERRAPIN STATION SOBER LIVING NFP INC									
		11/05/21 05 VR 53- 352			626391	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV RECOVERY HOME	3,916.00
									VENDOR TOTAL	3,916.00 *
72705	THE WELL EXPERIENCE									
		11/05/21 05 VR 53- 354			626392	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV FAMILY SVCS	6,666.00
									VENDOR TOTAL	6,666.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY									
		11/05/21 05 VR 53- 353			626396	11/05/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV CHLD/YTH/FAM PR	7,599.00
									VENDOR TOTAL	7,599.00 *

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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
80665	WIN RECOVERY INC	11/05/21 05 VR 53-	355	626425	11/05/21	UNIT 956	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV WIN RECOVERY VENDOR TOTAL	5,790.00 5,790.00 *
81610	XEROX CORPORATION	10/19/21 02 VR 53-	331	625978	10/22/21		090-053-533.85-00	PHOTOCOPY SERVICES	INV 230402320 10/1 VENDOR TOTAL	199.06 199.06 *
607215	CISNEROS, VICTORIA	10/19/21 03 VR 53-	329	625984	10/22/21		090-053-533.07-00	PROFESSIONAL SERVICES	50 HOURS INV 10/11 VENDOR TOTAL	2,000.00 2,000.00 *
								MENTAL HEALTH BOARD	DEPARTMENT TOTAL	615,562.29 *
								MENTAL HEALTH	FUND TOTAL	615,562.29 *

*** FUND NO. 090 MENTAL HEALTH

#12.A



DECISION MEMORANDUM

DATE: November 17, 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 regarding this project, to ensure the best interests of the County and people served. From the beginning, the project encountered challenges addressed by the service provider, parents of the people living in the homes, Independent Service Coordination Unit staff, CCMHB/CCDDB members, staff, and attorneys. 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, solutions are slow in coming, and providers are now downsizing rather than expanding community-based services. With our CILA houses empty, in late July, the Boards made the difficult decision to sell them and reinvest in meaningful supports for this population.

Updates:

The first home was sold on September 10, and **\$226,017.05** was deposited into the CILA Facilities Fund. Chris Wilson requested a refund on the property insurance, depositing another **\$681**. Other transactions were payment of attorney’s fees of \$700 (related to CILAs only) and \$1,113.10 in expenses charged to the designated donation (applies to one individual).

When residents of the second home moved out in July, Kim Bowdry, Chris Wilson, and I met the service provider and property manager for a walk-through, taking photos and making notes about repair needs. We have received and compared bids on almost all. Upon inspection of the attic, full roof replacement was indicated. When the home was listed in September, there were eleven realtor showings. Some repairs had been completed and others scheduled. An offer was made for the full list price, with credits for remaining repairs and pending inspection report:

- Removal of dead tree and landscaping stones - **\$511+\$195** (*Homeowner’s Association paid for stump grinding.*) **DONE**
- Replace garage door and trim -**\$1876** **DONE**
- Refinish hardwood flooring - **\$2275** (bid) *December likely*
- Replace broken face plates – **\$20** or less (bid) **DONE**
- Remove panel under kitchen sink and install cabinet doors - **\$850** or less (bid) **DONE**

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- Repair/ repaint kitchen ceiling, remove stickers, interior painting - **\$2650** (bid) *DONE*
- Repair front railing, repair/restain rear deck, remove picket fence - **\$1635** (bid) *DONE*
- Remove signs from interior – *(waiting, due to potential buyer)*
- Roof replacement – **\$14,432** *DONE*

The buyer's inspection listed many repairs which could not be accomplished by the closing date of October 22, and some beyond the analysis used when setting the list price. Competitive bids have been sought and more minor repairs completed. There is some overlap with the above:

- Repair/replace downspouts as needed – *seeking a second bid*
- Prep and paint trim around exterior doors – *a minor repair*
- Repair auto-retract feature of garage door – *to adjust (not the door which was replaced)*
- Finish drywall and paint garage – *not a qualifying deficiency*
- Qualified electrician to correct double tapping in electrical panel. Properly secure wiring in crawlspace. – *all electrical items can be completed for less than \$300.*
- Professional HVAC company to inspect the heating system and the scorching issue. All repairs and/or replacement to be completed as recommended. – *servicing and inspection \$216.50 - functioning normally, do not replace/repair at this time.*
- Improper filter to be replaced. – *may be done; if not, handyman bid.*
- Qualified plumber to replace improper piping material with appropriate materials, make necessary repairs to low water flow at left side back bathroom sink, and identify the source of the moisture and perform necessary repairs. - **\$729** *(repair shower pan and repair faucet and showerhead in master bath, repair showerhead and faucet in hall bath, install downspout extensions to correct water in crawlspace). Because the issue is failing shower pan, seeking a bid to replace it.*
- Issue with standing water in the crawlspace to be corrected by the installation of a sump pit and sump pump with appropriate plumbing to move the water away from the home.
- Loose insulation in the crawlspace to be repaired or replaced as needed. – *not a qualifying deficiency, could be reattached instead; plumber notes that downspout extensions will correct it, given the amount of seepage and lack of proper downspout extensions; sump pump may not be necessary – seeking a handyman bid.*
- Mold in the garage to be cleaned and treated by an appropriate professional.
- Miscellaneous work: replace 2 cover plates and outlet in back bathroom; repair ceiling fan in SE bedroom; replace 2 outlets on east side of kitchen island; replace doorbell button; replace garage attic access ladder; vent dryer outside. - **\$950**
- Effected subfloor and floor joists to be replaced by a qualified contractor. Any mold/milder remaining after repairs will be leaned and treated by a professional contractor (below back bedroom shower). Bathroom flooring to be repaired or reinstalled after repairs (below back bedroom shower). – *agreed this should be done but difficult to find a contractor who can do it this year; continuing to seek bids.*

Major repairs, along with changes in the market, will justify reconsidering the list price.

Possible Next Steps:

Because this is a shared project of the Boards, their discussion and action will determine the next appropriate uses of the fund. Suggestions from board and staff members have included those listed below, ranked in order of closest alignment with the original purpose of the CILA project:

- Negotiate a contract with an agency to offer specific assistance to people who have I/DD and complex service needs, especially those unable to secure services within Champaign County. This assistance might cover the types of purchase we made through the 2019 CCDDDB mini-grant process or on behalf of the individual with a designated gift managed within the CILA Fund: assistive or adaptive technology; home or vehicle modifications or other equipment; summer camps; speech therapies; cooking lessons; gym memberships; transportation/travel support, etc.
- Fund programs for people who have I/DD and co-occurring behavioral or physical health issues which result in complex support needs.
- Establish a Direct Support Professional retention fund, from which individual DSPs who have a 'satisfactory' or better performance evaluation would receive retention payments after six and twelve months of employment in Champaign County CILAs.
- Purchase or secure a long-term lease on a storefront space to host a permanent art gallery for exhibit and sale of the original works of many local artists who have disabilities. For several years, Stephanie Howard-Gallo has found and developed venues for artists participating through AIR, many of whom have I/DD and complex support needs. The space could include a coffee shop run by people with I/DD and room for case manager workshops, board meetings, and meetings of groups with related missions.
- Include office space for CCDDDB/CCMHB staff in the above, using CILA Facilities fund for any appropriate expenses and covering other administrative costs as typically budgeted. Our office needs have changed, and with the county's new accounting system, we will no longer have to be present at Brookens to create payment vouchers.

DECISION SECTION

Motion to authorize the Executive Director to approve additional repairs, as recommended by the real estate agent, and relist the property when these have been completed, pending similar approval by the CCDDDB:

- Approved
- Denied
- Modified
- Additional Information Needed

#2.B.



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

BRIEFING MEMORANDUM

DATE: November 17, 2021
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: PY2023 Allocation Priorities and Decision Support Criteria

Overview:

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Mental Health Board (CCMHB) Program Year 2023, July 1, 2022 to June 30, 2023. Funding priorities and decision support criteria are a framework for how contracts with service providers further the mission and goals of the Board. Staff recommendations are based on Board and stakeholder input and our understanding of best practices and state/federal service and payment systems. On October 20, CCMHB members were presented this initial draft, which was then distributed to providers, family members, advocates, and stakeholders with a request for comments. A final draft will be presented for Board approval prior to the end of 2021.

Statutory Authority:

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

Operating Environment:

The story of the COVID-19 global pandemic is still being written. As noted in the CCDDDB/CCMHB 2021 Community Needs Assessment, weaknesses and gaps in our social service and health care systems have been revealed and deepened, with the virus and mitigation efforts causing great harm to people who have mental health or substance use disorders or intellectual/developmental disabilities. While the behavioral health system prepares to address the greater needs of these individuals, unpaid caregivers, children and young adults, and members of racial and ethnic minorities, it will also be stretched to treat the general population’s increased alcohol and drug use, anxiety, depression, and suicidal ideation. With changes in fortune, many have become eligible

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for or enrolled in Medicaid for the first time; newcomers may be as unprepared for Medicaid and the system of publicly funded community behavioral health care as the system will be for them.

In previous decision support and priorities memoranda, we described an operating environment filled with challenges for people who have mental health conditions, substance use disorders, or intellectual and developmental disabilities (I/DD), their family members and networks of supporters, and providers of service. These challenges continue and include: insufficient state/federal funding of safety net and community-based behavioral health services; loss of provider capacity, especially for people with I/DD; longer waiting lists for services; outdated and inflexible rules; state budget disruptions and program cuts; incomplete or unsuccessful service delivery and payment system redesign; a difficult to navigate service system, especially by those in crisis; complicated benefits enrollment processes; and various barriers to accessing care.

Because the COVID-19 crisis is not over, its long-term effects are not yet clear. The service system and funders should continue to be flexible and find opportunities.

- Telehealth and virtual services were implemented out of necessity, but they proved their usefulness and should continue. They also failed to reach many who would have benefited, so internet access and use must be improved.
- There is a growing appreciation of public health systems and the population health approach, which could lead to better understanding of behavioral health.
- Increased attention to mental health and substance use issues may remove some of the stigma that keeps people from treatment and recovery. While state and federal legislators have taken a great interest in these issues, efforts to strengthen the system will take time, care, and appropriations.
- Relief funding received by agencies during 2020 and 2021 is not guaranteed to continue. Some short-term funding may also complicate accounting or determination of the payor of last resort.
- The profound impacts of grief, isolation, and financial insecurity will contribute to the diseases of despair, including addiction and depression, and may persist for many years. Our service systems must be trauma-informed to promote recovery.

In spite of the complicated operating environment and unprecedented emerging needs, the CCMHB can respond more quickly to specific local needs, through direct funding of agencies, helping agencies to secure other funding, promotion of system redesign and innovation, coordination of service providers or across systems, community awareness efforts, resource information, and other strategies. The CCMHB has an interest in supports and services which improve outcomes for people and promote a healthier, more inclusive community, especially where those supports and services are not covered by other payors or not available to eligible individuals.

Assessed Needs of Champaign County Residents:

Participants in our 2021 community needs assessment commented on the strengths and shortcomings of Champaign County, with as much praise for the beautiful natural environment as concern about rising gun violence and homelessness. Some people enjoy

many recreational, social, educational, and employment opportunities, and some have none. Comments made by focus group members and people directly interviewed for the survey echoed these striking contrasts in how a single community can be experienced by different residents. One asked what would change as a result of answering our questions.

Community needs surveys conducted by other local organizations and a collaborative have also found behavioral health and gun violence to be high priorities.

Regarding mental health, substance use, I/DD, and other social services, supports, and resources, responses were consistent with previous findings and with experiences of other communities across the country. Barriers to care were not enough providers (especially those who take Medicaid and Medicare), long waiting lists, lack of resource information, distrust in providers and negative past experiences, limited ability to pay, transportation or internet barriers, services hard to figure out, and stigma.

The support needs of people with I/DD are tracked through the Illinois Department of Human Services' reports of preferences of those enrolled in PUNS. The July 14, 2021 report shows that Champaign County residents with I/DD seek: transportation, personal support, employment or structured activities, behavioral supports, speech therapy, other individual supports and therapies, out-of-home residential services, 24-hour respite, and home/vehicle modifications. Through a contract with the Champaign County Developmental Disabilities Board (CCDDDB), the Independent Service Unit asks about other preferences, and during PY2021, eligible residents prioritized going out to recreation/sports events, eating out, zoos/aquariums, parks, and movies, all activities enjoyed by other members of our community prior to the pandemic. Planning should respect the desire of people with I/DD to enjoy the same opportunities.

Expectations for Minimal Responsiveness:

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

1. Applicant is an eligible organization, demonstrated by responses to the Organization Eligibility Questionnaire.
2. All required application forms must be submitted by the deadline. *Late or incomplete applications will not be accepted.*
3. Proposed services or supports must relate directly to mental health, substance use disorder, or intellectual/developmental disabilities. **How will they improve quality of life for people with behavioral health conditions or I/DD?**
4. Application must include evidence that other funding sources are not available to support this program or have been maximized. Other potential sources of support should be identified and explored. This will be especially important in 2022, as federal and state opportunities may apply to projects supported by local funding.

5. Application must demonstrate coordination with providers of similar or related services. Interagency agreements should be referenced. Evidence of interagency referral process is preferred, as this expands the service system's reach, respects client choice, and reduces risk of overservice to a few.
6. Application must describe planning for continuation of services during a public health pandemic or epidemic.

To preserve the CCMHB's emphasis on PY2023 allocation decision criteria, applications should align with one or more of the priorities below. Applications should describe the relationship between the proposed service and mental health, substance use disorders, or intellectual/developmental disabilities. Applicants are encouraged to review the PY2022 program summaries and board discussions from April and May of 2021, as observations made during the previous review cycle may inform PY2023 requests for funding.

Program Year 2023 CCMHB Priorities:

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

Priority – Crisis Stabilization

Community-based behavioral health supports can reduce unnecessary institutional care (hospitals, prisons, jails, e.g.) and counterproductive encounters with law enforcement or other systems not designed to address serious mental illness or addiction issues. The safety of individuals in crisis, their families, and members of their community are all important. Qualified professionals, including certified peer supporters, should engage people where they are and connect them to care and away from criminalization or containment. Without a functional crisis response system and effective interventions, individuals suffer, and other public systems are stressed. Local efforts to fill these safety net gaps may be expanded during PY2023 as a result of new state and federal rules and funding opportunities; efforts should be made to connect any new programs to existing efforts for maximum impact and for sustainability beyond local funding. Various crisis response, co-response, and follow-up approaches are being tested in collaboration with law enforcement agencies. Where there is overlap with public safety or public health interests, co-funding by appropriate entities will amplify these efforts and ensure we are not duplicating or interfering with similar work.

Supports and services should: improve health and quality of life; increase access to appropriate treatments; reduce contact with law enforcement and incarceration; reduce unnecessary hospitalization; decrease length of stay in jails and hospitals; and facilitate successful, healthy transition to the community. These may include:

- programs offering an alternative to hospitalization, arrest, booking, or charging, such as intensive case management, Assertive Community Treatment;
- enhanced crisis response (detox/stabilization, triage center, or assessment leading to care), counseling, and other supports; and

- connection to treatment for those with justice system involvement, history of crisis or hospitalization, or chronic homelessness/houselessness as a result of mental illness or substance use disorder, through benefit enrollment, Specialty Court services, coordination of reentry and transition to community, peer mentoring and support, or other group work (Moral Reconciliation Therapy and anger management, e.g.).

Priority- Victim Services

Previously under the Crisis/Reduce Incarceration priority were services which focus on victims/survivors of domestic violence, sexual assault, or child abuse/neglect. These programs improve health outcomes for survivors, respond to the crisis when the person is ready, reduce the stigma and isolation associated with such experiences, and disrupt the cycle of violence. To ensure trauma-informed care and crisis response for people who have experienced interpersonal or community violence, programs may amplify state-funded services and supports, address increased needs, or fill gaps where other funding does not exist, such as for violence prevention education or linkage to other resources as preferred by the individual.

Priority – Innovative Practices and Access to Behavioral Health Services

Insufficient safety net systems can also lead to worsened symptoms and loss of life. During the global COVID-19 pandemic, gaps and disparities in the systems have been exaggerated. Community awareness, system advocacy and coordination, and better access to resources are needed. *Problems of living* include untreated conditions which may be compounded by financial and housing insecurity and even by the stress of attempting to find and access resources. The social determinants of health (housing, employment, healthy food, etc.) impact behavioral health but have not been the traditional purview of behavioral health systems. Collaboration and co-funding by other entities, e.g., those addressing the social determinants of health, will add value to an application and ensure that we are not duplicating or interfering with similar efforts.

Stigma, inflexible regulations, low provider capacity, difficulty securing insurance and other benefits, high cost of care even with coverage, limited transportation and language can all be barriers to effective treatment. To connect people to appropriate services which can be billed to other payors or to support innovations which are not otherwise funded, applications may propose:

- wellness and recovery supports, home visits, transportation, language services, specialized case management (in some cases used as match for supportive housing), and self-advocacy/self-determination;
- enrollment in well-matched health plans and other benefits, by enrollment specialists and system navigators, outreach and education, and benefits counseling, such as SSI/SSDI Outreach, Access, and Recovery (SOAR);
- treatment for people with severe mental illness and no insurance;
- assistance for caregivers, social connections for seniors, employment services, community living support, suicide prevention education;

- building empathy, resilience, recovery, and a greater sense of collective wellness through peer support and mentoring, groups which foster creativity and sharing of creative efforts, and stress management through physical activity, music, etc.; and
- educational or treatment programs specifically addressing racism and racial trauma, to reduce their negative mental health impacts.

Priority – System of Care for Youth and Families

Priority – System of Care for Very Young Children and Families

The CCMHB has a strong interest in programs that improve the mental health and well-being of children, youth, and families. For best outcomes and to empower families and avoid criminalizing behavioral and developmental issues, Systems of Care should be strength-based, well-coordinated, family-driven, person-centered, trauma-informed, and culturally responsive. Early involvement improves individual and community health and disrupts poverty. Year-round opportunities for all Champaign County children, from birth through young adulthood, should maximize social/emotional success and help them stay excited about learning. Success is sustainable when families and communities are resilient. Of interest are:

- family-driven and youth-guided organizations which acknowledge the role of peer support and mentoring, coordination, and system planning and advocacy;
- behavioral health supports organized through partnerships such as the Community Coalition (youth) or the Home Visitors Consortium (young children);
- evidence-based, evidence-informed, innovative, or promising programs for those who have been impacted by trauma or mental, behavioral, or emotional disorder;
- positive programs for girls, young women, and youth of any gender, mirroring those long-standing programs which focus on males; and
- expansion of trauma-informed systems efforts, to facilitate the community’s recovery from the worst impacts of the global pandemic, focusing on children and families who experienced disproportionate losses of health and security.

For youth with multi-system involvement and serious emotional disturbance, evidence-based programs may reduce encounters with law enforcement and increase engagement with appropriate, positive supports. Programs may also focus on prevention education, positive youth development, summer or after-school programming, and targeted support to mitigate the harm caused by community violence and trauma. Where these community responses overlap with public safety and public health interests, co-funding by appropriate entities will strengthen and sustain programs and ensure that CCMHB funding is not duplicating or interfering with similar efforts.

The CCMHB has funded programs for very young children and their families, including perinatal supports, early identification, prevention, and treatment. Coordination of early childhood provider organizations through a Home Visitors Consortium has led to a “no wrong door” approach for very young children and their families, building self-determination and resilience, with consideration of the negative impacts of Adverse Childhood Experiences. Programs may also serve children who have an identified developmental delay or disability (DD) or risk and may offer support to their families.

These programs align with “Collaboration with the Champaign County Developmental Disabilities Board (CCDDB)” priority category below.

Priority - Collaboration with Champaign County Developmental Disabilities Board

The Intergovernmental Agreement with the Champaign County Developmental Disabilities Board (CCDDB) requires integrated planning concerning Intellectual and Developmental Disabilities (I/DD) allocations and includes a specific CCMHB set-aside, which for PY2023 will likely total \$746,341 (PY2022 amount of \$718,521 plus an increase equal to the increase in property tax levy extension, adjusted by previous CILA contribution of \$50,000 per year).

The commitment to very young children and their families continues for PY2023, with a focus on their social-emotional and developmental needs and with involvement from and support for their families. The CCMHB has funded programs which complement those addressing the behavioral health needs of very young children and their families, and for which providers collaborate toward a System of Care for children and families. Services and supports not covered by Early Intervention, for young children with developmental and social-emotional concerns, may include:

- coordinated, home-based services addressing all areas of development and taking into consideration the needs of the family;
- early identification of delays through consultation with childcare providers, pre-school educators, medical professionals, and other service providers;
- education, coaching, and facilitation to focus on strengthening personal and family support networks; and
- identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces.

Another opportunity for Collaboration with the CCDDB is through their new priority category for strengthening the I/DD workforce. To address this long-standing, deepening existential threat to the I/DD system, agencies may propose strategies to strengthen and stabilize the workforce, with an immediate focus on those direct support professionals performing “essential” services. Such strategies would maintain current service capacity and allow it to grow to meet the needs of all eligible residents of Champaign County.

In addition to contracts for agency programs, the Boards have shared a Community Integrated Living Arrangement (CILA) project, for the operation of small group homes for people with I/DD and complex support needs. Due to the critical workforce shortage, other appropriate uses of the fund are being explored.

Overarching Considerations:

Underserved/Underrepresented Populations and Countywide Access

Applications (proposals for funding) should describe how the program will promote access for historically underinvested populations as identified in the “2001 Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity” and by the Substance Abuse and Mental Health Services Administration. This overarching consideration

further emphasizes the theme, across priority areas and service types, of connecting people to care appropriate to their needs and strengths. Correcting disparities associated with race, ethnicity, culture, and language is critically important, as the global public health pandemic has had especially harmful direct and indirect impacts on members of racial and ethnic minorities, deepening the existing disparities. Applications should address early identification and treatment for members of underinvested populations, reduction of racial disparities in justice and child welfare systems, and the impacts of historical and community trauma. Members of these groups, people living in rural areas, and those with limited English language proficiency should have access to quality services; engagement strategies should be identified which overcome barriers related to stigma and infrastructure and reach even those who are seeking support for the first time. A Cultural and Linguistic Competence Plan (CLCP) is required of each organization applying for funding, and the online system includes a CLCP form which is consistent with requirements of Illinois Department of Human Services and which applies the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards).

Inclusion and Anti-Stigma

Applications should describe how the proposed service or support increases inclusion or reduces the stigma associated with behavioral health disorders or intellectual and/or developmental disabilities. Stigma limits people's participation, inhibits economic self-sufficiency, and increases vulnerability. It may even be a driver of declining State and Federal support for effective treatments. Stigma harms communities and individuals, especially those who are underserved or underrepresented due to sexuality, gender, race, ethnicity, immigrant/refugee/asylee status, preferred or first language, or disability. People are most safe when they have routine contacts with other people, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation activities, or other social clubs/networks. Community involvement helps build empathy, redefine our sense of group identity and "other", reduce stress, and decrease stigma. Young adults are at risk due not only to brain development and pressure to perform in school but also to fear of being exposed as having a behavioral health condition. Nationally, increases in suicide and substance use disorders among farmers and members of farming communities require that we improve awareness wherever traditional services are lacking but networks of support can be strengthened. Recognizing that lives are lost when stigma prevents people from receiving support, the CCMHB has an interest in building resilience, community awareness, and inclusion, as well as directly challenging negative attitudes and discriminatory practices. In spite of the American Psychiatric Association's finding that people with serious mental illness are more likely to be the victims of gun violence than perpetrators, increasing violence has also increased the stigma associated with mental illness and substance use disorders.

Outcomes

Applications should identify measures of access for people seeking to participate in the program and outcomes expected to result from this participation. For defining and measuring outcomes, the Board offers support through a research team from University of Illinois at Urbana Champaign's Department of Psychology, with training and technical

assistance on ‘theory of change’ logic modeling, a consultation ‘bank’, workshops on reporting, and a template for year-end reports. Agencies using these resources may gain an advantage when competing for other funding. A ‘theory of change’ logic model is the preferred framework for defining outcomes of value in applications submitted to the CCMHB. Applicant organizations already reporting on outcomes to other funders may choose to include those outcomes, if relevant, in their application for CCMHB funding. Unlike the healthcare system, where process measures dominate (e.g., lower blood pressure), behavioral health care asks if people’s lives are better as a result of the service. Outcomes reflect what people want and demonstrate a program’s successes. Applicants may offer insights into how COVID-19 has impacted the services they provide and the people they serve; if awarded funding for PY2023, accounting for continued or long-term impacts may be done through quarterly program reports or year-end outcome reports.

Coordinated System

Toward a more inclusive, efficient, and effective local system, applications should include evidence of collaboration and should acknowledge other resources and how they are linked. The CCMHB values partnership and collaboration, not only to avoid overserving and overspending but also to reach our least connected residents. Of interest are: combined efforts of providers and schools, support groups, hospitals, advocates, etc.; a commitment to updating information in any resource directories and databases; participation in trainings, workshops, or council meetings with providers of similar services; and partnerships which go further to make sure that all who have a need are reached and that those needs are met. Written working agreements should include details of coordinated services, referral relationships, and other partnerships. Applications for funding should acknowledge these relationships.

A joint application may be submitted by two or more agencies with common goals, proposing services and supports or shared infrastructure, such as office space, data systems, and professional services. Collocation of various organizations’ supports through community centers (such as worksites, churches, libraries, other ‘hubs’) or mobile service may benefit people who live in rural areas or neighborhoods with low access to health, behavioral health, social services, and other resources.

Budget and Program Connectedness

Applications include a Budget Narrative which should explain the relationship between anticipated costs and program components. Clarity about what the Board is buying includes the relevance of all expenses, direct and indirect. Per Funding Guidelines, calculation and rationale should be explicit as to the relationship between each expense and the value of the program. Programs offering services billable to Medicaid or other insurance should identify non-billable activities for which the costs may be charged to the CCMHB. While CCMHB funds should not pay for activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability and to ensure that CCMHB funding does not supplant other public funding.

Added Value and Uniqueness

Applications should identify specific, even unique, features of the approach, the staff, and the funding mix.

- **Approach/Methods/Innovation:** Cite the recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet defined community need, clearly describe the innovative approach, including method of evaluation, to be considered.
- **Staff Credentials:** Highlight staff credentials and specialized training.
- **Resource Leveraging:** While ‘leveraging’ is interpreted as local match for other funding, describe all approaches which amplify CCMHB resources: state, federal, and local funding; volunteer or student support; community collaborations. If CCMHB funds are to be used to meet a match requirement, reference the funder requiring match and identify the match amount in the Budget Narrative.

Process Considerations:

Priority areas and overarching considerations will be used as discriminating factors which influence final allocation decision recommendations. The CCMHB uses an online system for agencies applying for funding. An agency must complete the one-time registration process, including an organizational eligibility questionnaire, before receiving access to online application forms. *Note: During 2021, agencies who registered several years earlier are required to submit a new organizational eligibility questionnaire prior to the application deadline. This should not prevent them submitting PY2023 applications.*

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

The CCMHB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of support needs of people who have mental health conditions, substance use disorders, or intellectual/developmental disabilities. The nature and scope of applications may vary widely and may include prevention and early intervention models. A numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of those who have the above qualifying conditions, and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of

applications using criteria and priorities approved by the CCMHB. If applications for funding are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCMHB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities. The CCMHB may also choose to identify requests, including for capital and infrastructure projects, which are appropriate for an award of funding to be issued during the Program Year 2023 but later than July 1, 2022, in the event of greater than expected Board revenue.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCMHB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and may be disqualified from consideration.
- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
- The CCMHB retains the right to accept or reject any application or to refrain from making an award, when such action is deemed to be in the best interest of the CCMHB and residents of Champaign County.
- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of the CCMHB and residents of Champaign County.
- Submitted applications become the property of the CCMHB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years, with or without an increased procurement.
- If selected for contract negotiation, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of contract award.
- The execution of final contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of the CCMHB.
- The CCMHB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- To be considered, proposals must be complete, received on time, and responsive to the application instructions. Late or incomplete applications will be rejected.

- If selected for funding, the contents of a successful application will be developed into a formal contract. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCMHB reserves the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.
- The CCMHB reserves the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated as a result of this process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCMHB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCMHB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- During and subsequent to its application review process, the CCMHB may deem some programs as appropriate for two-year contracts.

FW: CCMHB Allocation Priorities and Decision Support Criteria for PY 2023

From: Leon Bryson <leon@ccmhb.org>

Sent: Fri, Oct 22, 2021 at 3:58 pm

To: 'Lynn Canfield'

FYI...Two responses so far. Yay for us.

From: Andy K <evergreen3069@yahoo.com>

Sent: Friday, October 22, 2021 2:28 PM

To: Leon Bryson <leon@ccmhb.org>

Subject: Re: CCMHB Allocation Priorities and Decision Support Criteria for PY 2023

Thanks Leon,

It should good and pertinent to what's happening in our communities. I especially like mentioning the importance of providing access and help with basic needs as part of mental health services. This connection has not been recognized in the past as part of the service continuum, but it is an important aspect. Take care and enjoy the weekend.

Andy K.

On Thursday, October 21, 2021, 01:05:51 PM CDT, Leon Bryson <leon@ccmhb.org> wrote:

Hello All,

Attached is a draft of proposed CCMHB Allocation Priorities and Decision Support Criteria for Program Year 2023 (July 1, 2022 to June 30, 2023). Your input is very important to us toward a final draft. Please send any comments to me via email before 4:30 PM on Friday, November 5, 2021.

Thank you,

Leon

Leon Bryson
Associate Director
CCMHB/CCDDB
1776 E. Washington St.
Urbana, IL 61802
217.367.5703
leon@ccmhb.org

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Lynn Canfield

From: Leon Bryson <leon@ccmhb.org>
Sent: Tuesday, October 26, 2021 3:57 PM
To: lynn@ccmhb.org
Subject: FW: CCMHB Allocation Priorities and Decision Support Criteria for PY 2023

FYI...This makes good sense for Jason and RACES based on the population served.

From: Jason Greenly <associate.director@cu-races.org>
Sent: Monday, October 25, 2021 4:11 PM
To: Leon Bryson <leon@ccmhb.org>
Subject: RE: CCMHB Allocation Priorities and Decision Support Criteria for PY 2023

Good afternoon, Leon –

Responding to your request for comments.

I have appreciated watching the adjustments to the Priorities over the years, and do appreciate the “Victim Services” category, including the specific call-out to prevention-type services. Response is always needed in the various manifestations of mental/emotional injury, but reducing or eliminating the need for response is, of course, so much better. (That may be a bit self-serving, given my last two positions have been with RACES and Courage Connection, which do active prevention work, but it’s more accurate to say I’ve worked in these places *because* I feel strongly about directing resources to address root causes of problems.)

CCMHB keeps getting better with each update opportunity. Glad to be a partner.

Jason

From: Leon Bryson <leon@ccmhb.org>
Sent: Thursday, October 21, 2021 1:06 PM
To: Adelaide Aime <aime@cu-races.org>; 'Alison Meanor' <alisonmeanor@outlook.com>; 'Andy Kulczycki' <evergreen3069@yahoo.com>; 'Beth Hand' <bhand1314@gmail.com>; 'Brandi Granse' <bgranse@ccrpc.org>; 'Carol Bradford' <CBradford@rosecrance.org>; 'Charles Burton' <cburton@dmbgc.org>; 'Chris Stohr' <cstohr28@gmail.com>; 'Christopher Stohr' <chris.stohr@growinamerica.org>; 'Claudia Lennhoff' <claudia@shout.net>; 'Crystal Hogue' <ccchcdirector@outlook.com>; 'Danielle Matthews' <dmatthews@dsc-illinois.org>; 'Diane Zell' <thezells1@gmail.com>; 'Don Owen' <dowendo@gmail.com>; DREAAMProject@gmail.com; 'First Followers' <FirstFollowersCU@gmail.com>; 'Gail Raney' <GRaney@rosecrance.org>; 'Janice Mitchell' <janice@urbanconnectionscenter.org>; Jason Greenly <associate.director@cu-races.org>; 'Jeffery Trask' <jtrask@illinois.edu>; 'Juli Kartel' <jkartel@rosecrance.org>; 'Karen C. Simms' <karen@meridianconsulting.com>; 'Karen Shan' <karen.shan@growinamerica.org>; 'Karen Simms' <cunehborhoodchampions@gmail.com>; 'Kari May' <kmay@co.champaign.il.us>; kbryan@rattlethestars.org; 'Lisa M. Benson' <lbenson@ccrpc.org>; 'Lisa Wilson' <ecirmac@hotmail.com>; 'Marlon Mitchell' <marlonmitchell@sbcglobal.net>; 'Nancy Carter' <ncart93@gmail.com>; 'Nancy Greenwalt' <ngreenwalt@promisehealth.org>; 'Pat Ege' <pege@cunninghamhome.org>; 'Patty Walters' <pwalters@dsc-illinois.org>; 'Rebecca Obuchowski' <becca.communitychoices@gmail.com>; regina@ilalliance.org; 'Rosanna McLain' <rmmclain@familyservicecc.org>; 'Sam Banks' <sbanks@DMBGC-CU.org>; 'Sara Balgoyen' <sara@mahometyouth.org>; 'Shawn Peterson' <speterson@cunninghamhome.org>; 'Sheryl Bautch' <sbautch@familyservicecc.org>; 'Stephanie Record' <srecord@crisisnursery.net>; 'Tracy Dace' <tracy@dreaaam.org>; 'Tracy Dace' <tracy@dreaaamhouse.org>; 'UP Center' <info@unitingpride.org>; 'William Blanchard' <william@unitingpride.org>
Cc: lynn@ccmhb.org; 'Kim Bowdry' <kim@ccmhb.org>; 'Chris Wilson' <chris@ccmhb.org>; 'Stephanie Howard-Gallo'

#12.C.

DRAFT

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
REQUIREMENTS AND GUIDELINES FOR ALLOCATION OF FUNDS**

INTRODUCTION

It is the policy of the Champaign County Mental Health Board (CCMHB) that: services be provided in the least restrictive environment appropriate to the needs of the individual; CCMHB funding support be community based; and CCMHB planning and funding efforts be coordinated with governmental and non-governmental providers of services.

Funds allocated by the CCMHB shall be used to contract for mental health, developmental disability, and substance use disorder supports and services for Champaign County residents, pursuant to the authority contained in the Community Mental Health Act, ILCS, Chapter 405, Act 20, Section 0.1, et.seq.

This policy should be reviewed by all agency staff responsible for contract management, including those who prepare applications for funding as well as those who record and report on contract activities, deliverables, and financials. This document offers guidance for contract compliance and clarification of expectations for fiscal accountability and financial management systems. In various sections of this document, the terms “applicant,” “agency,” “organization,” and “provider” refer to the entity seeking or receiving funding from the CCMHB. Acceptance of CCMHB funding establishes a legal obligation on the part of the contracted agency to use the funding in full accordance with the provisions, terms, and conditions of the contract. The funded agency assumes full responsibility for the conduct of project activities and deliverables and is responsible for meeting CCMHB compliance standards for financial management, internal controls, audits, and periodic reporting. An individual contract, once awarded, will contain additional details.

GENERAL AGENCY AND ADMINISTRATIVE REQUIREMENTS

1. Eligible Applicants for CCMHB Funding

- (a) An applicant for funding may be an individual or a public or private entity providing mental health, developmental disability, or substance use disorder supports and services to residents of Champaign County.
- (b) An individual/sole proprietor who is appropriately certified or licensed by the applicable state or national board or organization that demonstrates financial reliability and stability and who demonstrates appropriate service, fiscal, and administrative accountability is eligible to apply for funding.
- (c) Not-for-profit corporations are eligible to apply for funding. The agency must be chartered as a not-for-profit corporation in the State of Illinois and must be

established as a Section 501 (C) (3) under the Internal Revenue Code. The agency must have a board of directors representative of the service area. Consistent with the Internal Revenue Service conflict of interest policy, no staff member of the agency or relative of a staff member will be allowed to serve on the agency board.

- (d) For-profit organizations are eligible to apply for funding but must have a community based advisory committee representative of the service area and approved by the CCMHB.
- (e) The CCMHB and Champaign County Developmental Disabilities Board (CCDDB) may administer other funds on behalf of the Champaign County Board. An intergovernmental agreement will be executed between the respective boards defining the purpose, term, payment, and mutual responsibilities of the parties in the management of the funds. Any such activity shall have a direct relationship to the mission of the CCMHB or CCDDB. The management of such funds will comply with the CCMHB and/or CCDDB Funding Guidelines.
- (f) Government agencies other than taxing bodies are eligible to apply with the caveat that there has been a presentation and formal review of the capability of the agency to fund the services and that funding was not available.
- (g) Departments and units within the University of Illinois and Parkland College related to the mission of the CCMHB are eligible to apply.

2. Administrative Requirements of Applicants

- (a) Corporate by-laws at a minimum shall: encourage consumer representation on the board; specify the number of members of the board and include a mandatory board rotation policy; reference term limits for each board office; describe policies for recruitment, nomination and election of board members and officers; address removal and replacement of board members; include an indemnification clause; and describe committee structures.
- (b) The provider must have its principal offices located within Champaign County. Exceptions must be approved by the CCMHB, and if approved, the provider must have a local advisory board with a mechanism for providing direct input to the corporate board of directors.
- (c) The provider must not discriminate in the acceptance of clients, employment of personnel, appointment to the board of directors, or in any other respect on the basis of race, color, religion, gender, sexual preference, national origin, ancestry, or disability. Services shall not be denied based on a client's inability to pay.
 - (i) Any recipient of funds is required to submit a statement by its director certifying that it does not discriminate in the acceptance of clients, employment of personnel, appointment of members of the board of directors, or in any other respect, on the basis of race, color, religion, national origin, ancestry, gender, sexual preference, or physical or mental disability.

- (ii) Should any written charge or complaint of discrimination on the basis of race, color, religion, national origin, ancestry, gender, sexual preference, or physical or mental disabilities be made against an organization receiving funds, its employees, or agents in any court or regulatory or administrative body (whether federal, state, or local), the organization shall furnish a copy of said charge or complaint to the CCMHB. Said organization shall comply with any reasonable request for information about the status of said charge or complaint. The obligations imposed by this paragraph shall be subject to and subordinate to any claim of legal privilege and any non-waivable legal requirement of confidentiality imposed by statute, administrative rule or regulation, local ordinance, court order, pre-existing contract, or collective bargaining agreement. Failure to comply with this provision shall result in immediate termination of the contract.
- (iii) The CCMHB reserves the right to conduct its own investigation into any charge or complaint of a violation of this non-discrimination requirement.
- (iv) By this non-discrimination requirement and any efforts by the CCMHB, its agents, or employees to enforce it, the CCMHB assumes no responsibility for enforcement of, or compliance by the recipient organization with, any applicable federal, state, or local laws, regulations, or ordinances prohibiting discrimination. An organization receiving funds must agree to indemnify and hold harmless the CCMHB for any liability accruing to it for any charges or complaints of discrimination or similar civil rights violations based upon the acts of the organization receiving funds, its agents, or employees and premised on the CCMHB's provision of these funds.
- (d) The provider shall implement and report on a Cultural and Linguistic Competence Plan for the agency's staff, clients, and governance board and aligned with National Culturally and Linguistically Appropriate Services standards as set forth by the US Department of Health and Human Services.
- (e) The provider shall demonstrate a willingness and ability to enter into networking agreements or contracts with other providers in order to avoid overlapping services and to ensure best outcomes for people using or seeking those services. Said agreements must be updated and on file annually. Because of the CCMHB's commitment to the principle of continuity of care, agencies and programs must demonstrate a commitment to work cooperatively with all CCMHB-funded and CCDDDB-funded agencies and programs and such other health and human service agencies as are appropriate to the target population. Detailed working agreements with particular agencies with which the agency and program have a similar mission may be required by the CCMHB.
- (f) The provider will be expected to:
 - (i) Make available for inspection by the CCMHB copies of site, monitoring compliance, licensure/certification, evaluation, and audit visit reports performed by any funding authority;
 - (ii) Cooperate fully in program evaluation and onsite monitoring as conducted by CCMHB staff pursuant to the mandate contained in the Community Mental Health Act;

- (iii) Make available for inspection by the CCMHB copies of any request/application for new or adjusted funding in any program within the agency funded in whole or part by the CCMHB;
 - (iv) Make available for annual inspection by the CCMHB copies of all agency budget applications, provider plan forms, program service and funding plans, service agreements and fiscal reports prepared for the Department of Human Services, United Way, Department of Children and Family Services, or any other funding authority;
 - (v) Provide services to each eligible client in accordance with a written individual plan (where applicable) which identifies client needs and assets as determined by assessment. At a minimum, the plan will describe long term goals, measurable short-term objectives and expected outcomes of services with evaluative updates at least annually. Client files (where applicable) shall reflect written documentation of service units billed for reimbursement; and
 - (vi) Comply with all applicable Illinois and Federal laws and regulations with respect to safeguarding the use and disclosure of confidential information about recipients of services.
- (g) Admission and discharge policies and procedures shall be set forth in writing and be available for review.
 - (h) Professional staff must be licensed, registered, or certified by the State of Illinois, as applicable to the discipline and current Illinois regulations/requirements.
 - (i) All program facilities shall be in compliance with applicable State of Illinois licensure requirements and local ordinances with regard to fire, building, zoning, sanitation, health, and safety requirements.
 - (j) All programs shall certify that they do not use CCMHB funds:
 - (i) To engage in proselytizing activities with consumers and/or require worship or religious instructional activities as a condition of participation;
 - (ii) For direct or indirect medical (physical health) services that are not related to mental health, substance use disorder, or developmental disabilities;
 - (iii) For programs or services under the jurisdiction of public school systems.

3. Accreditation Requirements for Eligible Applicants

All CCMHB funded agencies and programs shall strive to conform to appropriate standards established by recognized accrediting bodies in their field of services. For example, the CCMHB recognizes the standards promulgated by the following accrediting bodies as indicative of acceptable agency and program performance: Commission of Accreditation of Services for Families and Children, Joint Commission on Accreditation of Health Care Organizations, Commission on Accreditation of Rehabilitation Facilities, and the Council on Quality and Leadership.

Accredited agencies and programs shall provide the CCMHB with copies of relevant documents and correspondence between the agency and the accrediting body regarding agency and program compliance with accreditation standards. CCMHB staff shall determine what documents and correspondence are relevant for the CCMHB monitoring purposes.

4. Organization Requirements in Lieu of Accreditation

All CCMHB funded agencies and programs not accredited by a recognized accrediting body shall make available for annual inspection by the CCMHB copies of the organization's policies and procedures including standard operating procedures (SOP) along with credentials of key staff (i.e., resumes). Quality management mechanisms must be described in detail. CCMHB staff may develop, make available to agencies, and periodically review a set of compliance indicators. The agency shall meet or exceed all compliance indicators as set forth by the CCMHB and its staff.

5. Organization Board Meetings

Agency governing boards must notify the CCMHB of all board meetings, meet in session open to the CCMHB, with the exception of sessions closed in conformity with the Open Meetings Act, and provide CCMHB with copies of minutes of all open meetings of the governing board. A request for waiver or modification of the requirement to provide copies of all minutes may be made and considered as part of an individual contract negotiation.

6. Fiscal Requirements

- (a) The organization shall be managed in a manner consistent with sound fiscal standards and shall maintain written policies and procedures regarding its fiscal activities, including but not limited to payroll, purchasing, cash management, relevant fee schedules, contracts, and risk management. The funded agency should choose methods appropriate to the size of the organization and the scale of operations. Funded agencies will be expected to meet the standards specified in the contract, and failure to do so may be cause for suspension of payment or termination of the contract. In addition, an agency not in compliance with financial management standards shall not be eligible for CCMHB or CCDDDB funding for three years; eligibility may be reestablished after that period by demonstrating that the compliance issue has been corrected and no others exist.
- (b) An approved provider plan indicating projected levels of expenses and revenues is required for each CCMHB funded program.
- (c) The salaries and position titles of staff charged to CCMHB funded programs must be delineated in a personnel form incorporated into the contract. Employees whose salaries are charged in whole or in part to a CCMHB contract are required to maintain personnel activity reports in order to account for all compensated time including time spent on other activities.
- (d) CCMHB funds are restricted for use in the program(s) described in the contract(s) concerning obligation of funding. CCMHB funds in excess of actual reimbursable expenses by the program are subject to recovery upon completion of an independent audit, financial review, or compilation, as required (per Audit and Financial Accountability Requirements, below).
- (e) Organizations will establish and maintain an accrual accounting system in accordance with generally accepted accounting principles to include a level of documentation, classification of entries, and audit trails.
 - (i) All accounting entries must be supported by appropriate source documents.

- (ii) Amounts charged to CCMHB funded cost centers for personnel services must be based on documented payrolls. Payrolls must be supported by time and attendance records for individual employees.
- (iii) The organization shall have accounting structures that provide accurate and complete information about all financial transactions related to each separate CCMHB contract.
- (iv) Contract expenditure records must tie back to cost categories indicated in the final contract budget, including indirect cost charged to the contract. Actual expenditures will be compared with budgeted amounts.
- (v) Financial records must be supported by source documentation such as cancelled checks, invoices, contracts, travel reports and personnel activity reports. The same costs shall not be claimed and reported for more than one CCMHB contract or programs funded by other funding sources.
- (vi) Financial records shall be maintained on a current month basis and balanced monthly.
- (vii) Costs may be incurred only within the term of the contract **as defined in the boilerplate**, and all obligations must be closed out no later than thirty (30) days following the contract ending date.
- (viii) All fiscal records shall be maintained for five (5) years after the end of the contract term.
- (ix) The CCMHB may establish additional accounting requirements for a funded program or agency. An agency may be required to engage the services of an independent audit firm during the term of the contract in order to implement adequate financial management systems for full compliance.
- (f) CCMHB funds may only be used for expenses that are reasonable, necessary, and related to the provision of services as specified in the contract. All allowable expenses that can be identified to a specific CCMHB funded program should be charged to that program on a direct basis. Allowable reimbursable expenses not directly identified to a CCMHB funded program must be allocated to all programs, both funded and non-funded.
- (g) The following expenses are non-allowable:
 - (i) Bad debts;
 - (ii) Contingency reserve fund contributions;
 - (iii) Contributions and donations;
 - (iv) Entertainment;
 - (v) Compensation for board members;
 - (vi) Fines and penalties;
 - (vii) Interest expense;
 - (viii) Sales tax;
 - (ix) Purchase of alcohol;
 - (x) Employee travel expenses in excess of IRS guidelines;
 - (xi) Lobbying costs;
 - (xii) Depreciation costs;
 - (xiii) Rental income received must be used to reduce the reimbursable expense by CCMHB funds for the item rented;

- (xiv) Capital expenditures greater than \$500, unless funds are specified for such purpose;
 - (xv) Supplanting funding from another revenue stream. The CCMHB may delay allocation decisions when anticipated funds from other sources may be influenced by their decisions;
 - (xvi) Supplementation of state or federal funds and/or payments subject to the coordination of benefits;
 - (xvii) Expenses or items not otherwise approved through the budget or budget amendment process;
 - (xviii) Expenses incurred outside the term of the contract;
 - (xix) Contributions to any political candidate or party or to another charitable purpose;
 - (xx) Excessive administrative costs including:
 - Any indirect administrative cost rate in excess of 20% (subject to review by the CCMHB) of the non-administrative portion of the budget, unless approved by the CCMHB;
 - Any indirect administrative costs that exceed those approved in the program/service budget;
 - Any indirect administrative costs for which an organization's cost allocation plan has not been submitted and deemed acceptable to the CCMHB.
- (h) Funded agencies shall provide safeguards for all funds provided through CCMHB contracts to assure they are used solely for authorized purposes. Further, control will be enhanced if the duties of agency staff are divided so no one person handles all aspects of a transaction from start to finish. Although complete separation of functions may not be feasible for a small agency, a measure of effective control may be achieved by planning staff assignment of duties carefully. Some examples of techniques for improving internal controls are:
- (i) Cash receipts should be recorded immediately and deposited daily. Deposits should be reconciled by a second party.
 - (ii) All bank accounts should be reconciled on a monthly basis by someone other than the person who signs the checks.
 - (iii) Checks to vendors should be issued only for payment of approved invoices, and supporting documents should also be recorded. The staff member responsible for issuing check payments should not have signing authority.
 - (iv) The staff person responsible for the physical custody of an asset should not have responsibility for keeping records related to that asset.

ALLOCATION AND DECISION PROCESS

1. All CCMHB allocation and contracting decisions are made in meetings open to the public. Allocation decisions will be based on statutory mandates, priorities and defined criteria related to the findings of various needs assessment activities sponsored by the CCMHB. To the extent possible, final decisions will be predicated on how well an application matches up with the statutory mandates, priorities, and criteria.

2. The CCMHB application for funding process shall include the following steps:
 - (a) Public notification of the availability of funding shall be issued via the News Gazette during the month of December. This announcement will provide information necessary for an organization to submit an application for funding and how to request access application materials.
 - (b) Funding priorities and criteria will be approved no later than the December Board meeting.
 - (c) All potential applicants must register with the CCMHB. Information on the registration process will be provided by the CCMHB upon request. Access to application forms and instructions follows completion of the registration process.
 - (d) Technical assistance by Board staff may be requested at any time prior to the due date of the application, with the caveat that availability may be limited in the final week.
 - (e) Completed application(s) will be due in the month of February on a date specified in the public notice. The CCMHB may extend the deadline due to extenuating circumstances by posting notice of the extended deadline to the CCMHB online application system.
 - (f) Access to application(s) will be provided to member(s) of the CCMHB upon a member(s) request and in a medium preferred by the member.
 - (g) The CCMHB may require some or all applicants to be present at an April or May Board meeting to answer questions about their application(s).
 - (h) Staff will complete a summary of each application, for review and discussion by the CCMHB at the April Board meeting. Program summaries will include fiscal and service data, population served, and expected outcomes in relation to the funding priorities and criteria and goals of the Board. In addition, a decision support "match-up" process comparing the application to established and contemporaneous CCMHB criteria will be provided.
 - (i) Staff will complete preliminary funding recommendations for CCMHB review and discussion at the May Board meeting. The recommendations will be presented in the form of a decision memorandum. The CCMHB shall review, discuss and come to a decision concerning authorization of funding, and a spending plan for the contract year.
 - (j) Once authorized by the CCMHB, staff will implement the spending plan and initiate the contracting process. Within the context of the final recommendations, the staff is authorized to negotiate and complete the contracts. Execution of the contracts requires the signatures of the respective Executive Directors, agency Board President, and the CCMHB President. The contract period is July 1 through June 30. Contracts may be for one or two years. Types of programs eligible for a multi-year contract period shall be defined by the CCMHB as part of the funding priorities and criteria.
 - (k) Allocation decisions of the CCMHB are final and not subject to reconsideration.
 - (l) The CCMHB does not consider out-of-cycle funding requests or proposals.

AWARD PROCESS, CONTRACTS, AND AMENDMENTS

1. Award Procedures

Agencies awarded CCMHB funds shall receive a letter of notification indicating program allocation(s). This will state the amount of the funds awarded, the effective time period of the award, name of program application receiving the award, and any additional conditions, stipulations, or need for a negotiation of provisions attached to the award.

2. Contracting Format and Implementation Procedures

The contract shall include standard provisions, (optional) special provisions, the boilerplate (i.e., standard language and provisions applicable to all contracts), the program plan, personnel form (if applicable), rate schedule (if a fee for service contract), Business Associate Agreement (if service claims are to be entered), budget, required financial information, and agency Cultural and Linguistic Competence Plan. Completion of the contract requires the signatures of authorized representatives of the CCMHB and the provider. Subsequent to execution of the contract, any change or modification requires a contract amendment.

3. Types of CCMHB Contracts

(a) Grant Contract

Payment is predicated on the budget and obligations associated with the contract. Typically, payments are divided equally (i.e., 1/12 of the contract maximum per month) over the term of the contract, with May and June payments combined and released in June. Reconciliation takes place in the last quarter of the contract term. Accountability is tied to defined performance measures with targets and benchmarks. The annual renewal of a contract is subject to the allocation process and may result in re-negotiation of terms based on provider performance, needs assessment findings, or a desire by the CCMHB to redirect funding in response to a change in goals, objectives, or priorities. The decision to use the grant contract format rests with the CCMHB and is based on the appropriateness of this format to the objectives of the program plan.

(b) Fee for Service Contract

Payment is driven by retrospective billing for units of service provided within the constraints of the contract maximum. Typically, an "advance and reconcile" approach is used, with six monthly payments of 1/12th the contract maximum from July through December, and subsequent payment amounts based on reconciliation against billings beginning in January. Billing must be relatively proportional over the course of the contract term. Whenever possible and appropriate, CCMHB contracts will establish rates based on those used by the State of Illinois. Fee for service contracts may be converted to a grant or value based payment structure.

(c) Consultation Contract

Payment is tied to a specific task or activity defined in the program plan. Typically, payment is tied to an hourly rate or completion of specific tasks (i.e., deliverables). Approved expenses associated with the consult shall be defined in the contract. Consultation contracts are not subject to the allocation process referenced above but rather are negotiated by the Executive Director with Board President approval, with full board approval sought when deemed appropriate by the Board President.

- (d) Special Initiative Contract
The format can be either grant or fee-for-service and is subject to the same terms as described in the boilerplate. Most approved applications from “new” providers shall be classified as special initiatives for a period up to three years.
 - (e) Capital Contract
Terms and conditions are directly tied to expenditures for capital improvements or equipment purchases. Payment is driven by an approved spending plan and/or invoices associated with approved items.
 - (f) Intergovernmental Agreement
The CCMHB, at its discretion and with agreement of the Champaign County Board, may enter into an intergovernmental agreement with other units of Champaign County government for the delivery of services.
4. Along with decisions for contract awards to be funded at July 1, the Board may make decisions about awards which would go into effect later in the contract/program year, in the event of additional revenues which can be allocated to contracts.
5. Contract Amendments
The need for a contract amendment is driven by a change in conditions delineated in the original agreement and may be initiated by either party. The provider is required to report changes that modify the administrative structure and/or implementation of the program plan. It is recognized that programs are dynamic, and it is prudent to make budget and program adjustments to better meet overall goals and objectives.
- (a) The provider shall submit a formal request for an amendment to initiate the amendment process. The final decision regarding whether an amendment is necessary rests with the CCMHB Executive Director.
 - (b) In general, decisions about amendments fall under the purview of staff and are executed by the Board President and Executive Director without formal action by the Board. The Board shall be informed of all contract amendments.
 - (c) The Board President or the Executive Director may ask for a full CCMHB review and approval of a proposed amendment at the next regularly scheduled meeting, including a request to increase or decrease any contract award amount.
 - (d) Proposed amendments that redirect approved dollars between agencies shall require the formal approval of the CCMHB.

GENERAL REQUIREMENTS FOR CCMHB FUNDING

- 1. CCMHB contracts shall specify the relationship between funding and services to be provided. Funding shall not be used for purposes other than those specified in the contract unless the contract has been amended.
- 2. The provider shall not use CCMHB funds to establish or add to a reserve fund.
- 3. If the provider accumulates CCMHB funds in excess of those required for two months operating expenses, written notification and an explanation must be sent to the executive director.

4. CCMHB funds shall not be used for purposes related to construction of facilities or purchase of equipment unless capital improvement is the explicit purpose of the contract or is approved as part of the program plan.
5. CCMHB may provide advance payment(s) to the provider under contract with the Board. Any advance payment will be reconciled against financial reports or other method as defined by CCMHB. Request for advance payment will follow the contract amendment process.
6. Providers shall maintain accounting systems, including expense and revenue classifications that can accurately and appropriately report and verify financial transactions using CCMHB forms and comply with the provisions for audits. Providers may be required to institute special accounting procedures to resolve identified problems in financial accountability.
7. Providers shall notify the CCMHB of any applications for funding submitted to other public and private funding organizations for services funded by the CCMHB, especially those that could result in a funding overlap.
8. Provider Reporting Requirements
 - (a) Financial and service reporting requirements are delineated in the contract **boilerplate** and are subject to revision from year to year. In general, quarterly financial and program reports are required for all fee for service, special initiative, and grant contracts. Monthly billings are required for fee for service contracts.
 - (b) Change in the Provider's corporate status shall be reported within 30 days of the change.
 - (c) Change in the Provider's accreditation status shall be reported within 30 days of the change.
 - (d) The Provider shall notify the CCMHB about accreditation and/or licensing site visits by the State of Illinois or accrediting organizations.
 - (e) Additional reporting requirements may be included as provisions of the contract.
9. Monitoring and Evaluation
 - (a) CCMHB staff shall conduct Provider financial and program site visits no less than every two years for the purposes of verifying reported financial and service information and reviewing compliance with the approved Program and Financial Plan.
 - (b) CCMHB may survey all non-accredited agencies and programs for compliance with CCMHB Requirements in Lieu of Accreditation on an annual basis.
 - (c) CCMHB staff may seek information to demonstrate continued compliance of all agencies and programs with appropriate standards in the interim between accreditation or certification surveys. Such information may address both individual agency and program issues as necessary, and system-wide issues and may be obtained through such activities as periodic reports, on-site reviews, and special studies.

- (d) CCMHB staff shall conduct desk reviews of agency program activity and financial reports, typically submitted each quarter; additional information or revisions may be requested.
- (e) The primary responsibility for on-going evaluation of services rests with the agencies and programs. In order for the CCMHB to monitor these activities, agencies and programs shall submit at least annually a report of the outcomes achieved by CCMHB-funded programs, in accordance with their annual Program Service Plan. This report shall also indicate how their results are used in agency and program management.
- (f) Additional monitoring and evaluation activities may be included as provisions of the contract.

10. Non-Compliance with the Terms and Conditions of the Contract

- (a) The CCMHB Executive Director or their representative shall notify the Provider Executive Director and Provider Board President in writing of any non-compliance issue. The Provider shall provide a corrective action plan within 10 days and correct the deficiency within 30 days of receipt of the notification. Upon approval of the plan, CCMHB staff shall monitor implementation. If corrective action is not implemented within specified time frames, action may be taken to suspend, reduce, or terminate funding.
- (b) Suspension of Funding: Cause for suspension of funding shall exist when the Provider: (1) fails to comply with terms of the award letter; (2) fails to comply with terms and conditions of the contract, or; (3) fails to comply with CCMHB monitoring and reporting requirements.
- (c) The following procedures will be followed in the process of suspension of funding:
 - (i) The Provider Executive Director and Provider Board President shall be notified in writing, via certified mail, return receipt requested, by CCMHB staff that the agency funding has been suspended.
 - (ii) The notification of suspension will include a statement of the requirements with which the Provider is in non-compliance, the effective date of the suspension, and any conditions deemed appropriate for the agency to meet before termination of the suspension.
 - (iii) The Provider shall respond in writing to the CCMHB office address within ten (10) days of the date of notification of suspension. The response shall include a plan of action to correct the situation or event(s) leading to the suspension of funding, together with a time frame for such action.
 - (iv) The Provider may be requested to appear before the CCMHB.
 - (v) Failure to respond within 10 days shall be just cause for suspension of funding.
 - (vi) Failure to correct within 30 days shall be cause for suspension. A suspension of funding shall remain in effect until the non-compliance leading to the suspension has been corrected.
- (d) Reduction of the Contract Maximum: Cause for reduction of the grant award amount shall exist when a Provider fails to expend CCMHB funds or deliver services in accord with the contract, which includes approved Agency Program and

Financial Plans. The following procedures will be followed in the process of reduction of funding:

- (i) The reduction of the grant amount shall be in an amount determined by the CCMHB.
 - (ii) The Provider Executive Director and Provider Board President shall be notified, in writing, via certified mail, return receipt requested, by CCMHB staff that the contract maximum is being reduced.
 - (iii) The notification of reduction will include a statement of the cause for reduction and include the amount by which the grant amount is reduced.
 - (iv) Within thirty days of the effective date of reduction, the agency may request a re-allocation of the amount by which the funding was reduced.
- (e) Termination of Funds: Due cause for termination of funding exists when a Provider fails to take adequate action to comply with CCMHB requirements within ninety days of notification of suspension of funding; or repeatedly fails to comply with requirements of the CCMHB as stated in the notification of award; the contract; the applicable provisions of this document; or in the monitoring procedures and requirements of the CCMHB. The following procedures will be followed in the process of termination of funding:
- (i) The Provider Executive Director and Board President shall be notified, in writing, via certified mail, return receipt requested by the CCMHB Executive Director that termination of funding is being recommended to the Board.
 - (ii) The notification of possible termination will include a statement of the requirements with which the Provider is non-compliant; a statement of the actions of the CCMHB taken to urge the Provider to avert termination and move to compliance with CCMHB requirements; a statement of the responses of the agency; and the effective date of the recommended termination of funding.
 - (iii) The CCMHB shall consider and take action on the termination of funding at the next regularly scheduled meeting following the notification of the agency, or at an intervening special meeting if it so chooses.
 - ~~(iv) Termination of funding will be undertaken only after the CCMHB has made reasonable effort to reach an acceptable settlement with the Provider.~~
- (f) Appeal procedures: The CCMHB Executive Director shall be responsible for implementing and interpreting the provisions pertaining to appeals. The Executive Director may however, delegate monitoring responsibility to other CCMHB staff. The following procedures will be followed in the appeal of suspension, reduction or termination of funding:
- (i) The Provider may appeal the decision to suspend, reduce, or terminate funding by submitting a written request that details the reasons for reconsideration within fourteen (14) days of being notified of the staff decision.
 - (ii) The Executive Director shall review information from both the CCMHB monitoring staff and the Provider in arriving at a decision.
 - (iii) Any decision by the Executive Director that a Provider is in non-compliance with ~~these~~ provisions ~~of this chapter~~ shall be communicated in writing to

the agency or program within fourteen (14) calendar days of receipt of the appeal.

- (iv) Only decisions by the CCMHB Executive Director of non-compliance by a Provider with provisions of these policies may be appealed to the CCMHB. Such appeals must be made in writing by the Provider.
- (v) CCMHB shall review information from the CCMHB Executive Director and the agency or program in arriving at a decision at the next regularly scheduled meeting following the notification of the agency, or at an intervening special meeting if the Board so chooses. The agency shall be afforded the opportunity to discuss the issue with the CCMHB prior to a final decision.

AUDIT AND FINANCIAL ACCOUNTABILITY REQUIREMENTS

In the course of doing business, agencies funded by the CCMHB should maintain a state of audit readiness. This means records relevant to financial and program aspects of contracts must be readily accessible. Failure to provide accurate and reliable information could result in questioned costs and disallowances. All funded agencies awarded contracts for direct services as part of the normal allocation cycle are required to have either an audit, financial review, or compilation conducted by an independent certified public accountant (CPA) registered by the State of Illinois, for the term of the CCMHB contract and following the close of its fiscal year. These reports must contain schedules using CCMHB/CCDDB approved source clarifications for reporting operating income and operating expenses. Contracts with consultants and other specified vendors are exempt from this requirement.

Prior to the execution of a contract between the provider and the CCMHB, the provider will demonstrate engagement with an independent CPA firm, through a letter from the firm stating that they will be performing the audit, review, or compilation, and specifying the timeline.

1. Independent Audit [for agencies with \$300,000 total revenue or greater]

- (a) An independent CPA firm performs an audit to provide a high level of assurance regarding the accuracy of financial statements, resulting in a formal report expressing an opinion on the presentation of the financial statements, identifying any significant or material weaknesses in internal control.
- (b) The resultant audit report is to be prepared in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in "Government Auditing Standards," issued by the Comptroller General of the United States. The report shall contain the basic financial statements presenting the financial position of the agency, the results of its operations, and changes in fund balances. The report shall also contain the auditor's opinion regarding the financial statements, taken as a whole, or an assertion to the effect that an opinion cannot be expressed. If the auditor expressed a qualified opinion, a disclaimer of opinion, or an adverse opinion, the reason therefore must be stated. Supplementary Information (see below) will also be required with the audit.

- (c) A funded agency with total revenue of \$300,000 or greater will be required to have an audit performed by an independent audit firm. An agency with total revenue of less than \$300,000 and greater than \$30,000 may choose or be required by the CCMHB to have an independent audit performed.
- (d) If a funded agency provider is not required by another funding organization (e.g., state government, federal government, a foundation, etc.) to have an audit completed, and if one is to be completed for the CCMHB contract, the funded agency may budget for and charge up to \$8,500 (total) to CCMHB for costs associated with this requirement.

2. Independent Financial Review [for agencies with total revenue over \$30,000 and below \$300,000]

- (a) An independent CPA firm performs a review to provide a basic level of assurance on the accuracy of financial statements, based on inquiries and analytic and other procedures, and narrower in scope than an audit.
- (b) The resultant report is to be prepared in accordance with standards generally accepted in the United States of America. The report shall contain the basic financial statements presenting the financial position of the agency, the results of its operations, and changes in fund balances. Some of the supplementary information required for an audit will also be required in a review (see below).
- (c) A funded agency with total revenue of less than \$300,000 and greater than \$30,000 will be required to have a financial review performed by an independent audit firm. If the agency chooses or is required to have an independent audit rather than a financial review, this should be made clear prior to contract execution.
- (d) If a funded provider is not required by another funding organization (e.g., state government, federal government, a foundation, etc.) to have a financial review, and if one is to be completed for the CCMHB contract, the funded agency may budget for and charge up to \$5,000 (total) to CCMHB for costs associated with this requirement.

3. Compilation [for agencies with total revenue below \$30,000]

- (a) An independent audit firm prepares a compilation report on financial statements, not providing a level of assurance but rather considering whether the financial statements appear appropriate in form and are free from obvious material misstatements.
- (b) The resultant report is prepared in accordance with standards generally accepted in the United States of America. Some of the supplementary information required for an audit will also be required in a compilation (see below).
- (c) A funded agency with total revenue of \$30,000 or less will be required to have a compilation performed by an independent audit firm.
- (d) If a funded agency provider is not required by another funding organization to have a compilation, and if one is required for the CCMHB contract, the funded agency may budget for and charge up to \$2,500 (total) to CCMHB for costs associated with this requirement.

4. Shared Cost

In the event that the funded provider is required by another funding organization to have an independent audit, financial review, or compilation, the cost is to be pro-rated across revenue sources. Audit, Financial Review, and Compilation cost limits still apply.

5. Supplementary Information (required from all agencies, regardless of total revenue)

The following supplementary financial information shall be completed by an independent CPA firm and included in the audit, review, or compilation report (and failure to do so will make the report unacceptable):

- (a) **Schedule of Operating Income by CCMHB-Funded Program:** This schedule is to be developed using CCMHB approved source classification and format modeled after the CCMHB Revenue Report form. Detail shall include separate columns listing total program as well as CCMHB-Funded only revenue. Individual sources of income should not be combined. Example: Funds received from several state or federal agencies should not be combined into one classification, such as “State of Illinois” or “Federal Government.”
- (b) **Schedule of Operating Expenses by CCMHB-Funded Program:** This schedule is to be developed using CCMHB approved operating expenses categories and format modeled after the CCMHB Expense Report form. Detail shall include separate columns listing total program as well as CCMHB-Funded only expenses. The statement is to reflect program expenses in accordance with CCMHB reporting requirements including the reasonable allocation of administrative expenses to the various programs. The schedule shall **exclude** any expense charged to the Board from the list of non-allowable expenses (above).
- (c) **CCMHB Payment Confirmation:** CCMHB payment confirmation made to an agency required by the independent auditor during the course of the audit or review or compilation is to be secured from the CCMHB office.
- (d) **For Audit Only, Auditor Opinion on Supplementary Information:** The independent auditor should clearly establish his/her position regarding the supplementary financial information presented in the Schedule of Operating Income by CCMHB-Funded Program and Operating Expenses by CCMHB-Funded Program. This can be done either by extending the overall opinion on the basic financial statements or by a supplementary opinion. If the independent auditor determines that the additional procedures necessary to permit a supplementary opinion on the schedules of operating income and expenses would materially increase the audit time, he/she may alternatively state the source of the information and the extent of his/her examination and responsibility assumed, if any.
- (e) **Capital Improvement Funds:** If the agency has received CCMHB capital improvement funds during the last year, the audit or review or compilation shall include an accounting of the receipt and use of those funds.
- (f) **For Audit Only, Internal Controls:** The independent auditor should communicate, in written form, material weaknesses in the agency’s internal controls when it impacts on the CCMHB’s funding. Copies of these communications are to be forwarded to the CCMHB with the audit report.
- (g) **The independent CPA report must include, at a minimum, these** items described in the “Financial Accountability Checklist”:

- (i) Agency board-approved financial procedures in place that include separation of duties for preparation of payment authorization, approval of authorization and check signatories;
- (ii) Agency board review of financial statements at Agency Board meetings and Source Document – Agency Board meeting minutes (dated);
- (iii) Agency board Minutes with motion approving CCMHB/CCDDB grant applications for current year;
- (iv) Agency board minutes with motion approving the budget of the fiscal year under review;
- (v) Verification that the agency has fulfilled its response to any findings or issues cited in the most recent Auditor’s issuing of a Management Letter, if applicable;
- (vi) Demonstration of tracking of staff time (e.g. time sheets);
- (vii) Proof of payroll tax payments for at least one quarter, with payment Dates;
- (viii) Form 941 or IL-941 or UC3, comparison of payroll tax amounts and alignment to period;
- (ix) W-2s and W-3, comparison to the gross on 941;
- (x) Verification of 501-C-3 status (IRS Letter), if applicable;
- (xi) IRS 990 Form or AG990-IL, confirmation that 501-C-3 status is maintained;
- (xii) IRS 990 Form or AG990-IL for associated foundation, if applicable;
- (xiii) Secretary of State Annual Report; and
- (xiv) Accrual Accounting Method in use.

6. **Filing:** The audit or review or compilation report is to be filed with the CCMHB within 6 months of the end of the agency’s fiscal year. In order to facilitate meeting filing requirements, agencies are encouraged to contract with certified public accountants before the end of the fiscal year. A letter of engagement is required prior to contracting as above.

7. **Late Audit, Review, or Compilation:**

In the event that an independently performed audit, review, or compilation report is not submitted to the CCMHB office prior to the aforesaid six-month deadline, payments on the agency’s contract(s) will be suspended for three months or until the required report is received. If the report is not received within three months, the contract(s) will be automatically terminated and no further payments made to the agency. The payments for services delivered according to the contract(s) and withheld during that three month period will be released upon submission of the required report and resolution of any negative findings. If a satisfactory report is NOT received within 12 months after the close of the agency’s fiscal year, the parties agree that the CCMHB has no obligation to the agency to issue the suspended payments. An agency will not be eligible for subsequent CCMHB funding until the required report is filed and any negative findings (including the return of excess revenue) are resolved.

8. **Penalty:** Failure to meet these requirements shall be cause for termination or suspension of CCMHB funding.

9. If the provider organization does not comply with the requirement to produce an audit or financial review or compilation as specified, the organization shall repay all CCMHB funds allocated for such purpose.
10. Records: All fiscal and service records must be maintained for five years after the end of each budget period, and if need still remains, such as unresolved issues arising from an audit or review or compilation, related records must be retained until the matter is completely resolved.
11. At the discretion of the CCMHB, independent audit or financial review or compilation requirements may be waived for special circumstances. The waiver provision shall be specified in the contract.

EXCEPTIONS TO THE PROVISIONS OF THE FUNDING GUIDELINES

All exceptions to the Funding Guidelines must have the prior approval of the CCMHB, except for those specific sections of the Funding Guidelines where the authority is delegated to the CCMHB's designee. Requests for exceptions that require the CCMHB's approval must be submitted to the Executive Director for review and submission to the CCMHB. Subsequently, the CCMHB's written decision will be transmitted to the agency. If the contract and funding guidelines are not in agreement, the contract shall prevail.

Approved May 26, 2021 and Revised/Approved November or December 2021

Add to contract template: The CCMHB Requirements and Guidelines for Allocation of Funds is attached hereto and incorporated into this contract by reference, except this contract will control should there be an inconsistent/contrary provision in the aforesaid Requirements and Guidelines.

#12.D.

From the Executive Director

Greetings Stakeholders!!

PATH Inc. has been providing information and referral, and crisis intervention phone services 24/7/365 for over fifty (50) years now. We are so proud to be celebrating our 50th anniversary this year. And we are also celebrating twelve (12) years of providing 3rd party 211 services. The success of 211 has been far-reaching and transformative and would be impossible without our UW partners, their generous funders, and related partners that have led to such an impact on the lives of so many in their community. PATH Inc. is currently serving over three (3) million Illinois citizens.

I am so excited to have taken the leadership role to help move PATH Inc. forward, and work with all of you to not only provide this valuable service, but to improve it. As part of our improvements, I hope you find the new look and feel of your quarterly reports more eye appealing and readable. Violet Pavlik, our new Manager of Database Services, replaced retiring Susan Williams in September. Violet has worked diligently to redesign your quarterly reports to make them more functional. Please reach out to Violet if you have any feedback on the new reports (vpavlik@pathcrisis.org).

Please contact me (cworkman@pathcrisis.org) if there is anything specific you would like to see me address in future quarterly letters. I have provided some general updates below that may be of interest to everyone.

Best Regards,



Chris Workman
Executive Director/CEO PATH Inc.



Updates From the Executive Director

- ▶ **UWW Opportunity** - Ride United Last Mile Delivery partnership between UWW and DoorDash is seeking grant applications. Using the same DoorDash technology that brings burritos, groceries, and pet toys to your home, Ride United's Last Mile Delivery delivers food pantry boxes, prepared meals, hygiene items, school supplies, and much more directly to neighbors' homes for free! UWW notes: "We are accepting applications on a rolling basis, but applications for priority funding should be received by October 27, 2021."
https://drive.google.com/file/d/1XRNDIDTgcB_sTor3YwgcJCRvVSvnMfdr/view
PATH Inc. 211 will work with any organization who receives a grant to make your project successful.
- ▶ **211 Holiday Listings** - PATH Inc. Is prepared to provide excellent holiday information and referral services to your communities. As you can imagine, managing Database Services is no easy feat. The 211 Resource Repository is never the same from one day to the next and requires significant manpower to curate. It's truly a living thing with constant movement rather than a typical database. So it is labor intensive and adding time sensitive requests, such as holiday programs, can be tricky. We ask that you follow this guideline when submitting holiday (and other time sensitive) requests - Try to submit ongoing holiday activities, rather than one (1) time events. For instance, the UW is hosting holiday food pantries through November and December vs. the UW is providing lunch to the homeless on xyz date. Certain exceptions can be made for annual/reoccurring holiday programs with specific dates, depending on service need and timely notice. Thank you for your cooperation.
- ▶ **988** - For those who don't know already, by an Act of Congress in 2020, 988 has been established as the new number to call for mental health and crisis intervention calls. The new number will be effective July 1, 2022. PATH Inc. staff have been on the State of Illinois advisory board and committees. It is still unknown on how Illinois plans to fully implement 988, however you should be aware that this change is anticipated to split our current 211 and crisis intervention model into separate models effective July of 2022. We hope to know more in January 2022 and we will provide you an update in the next quarterly letter.

Champaign County

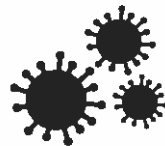
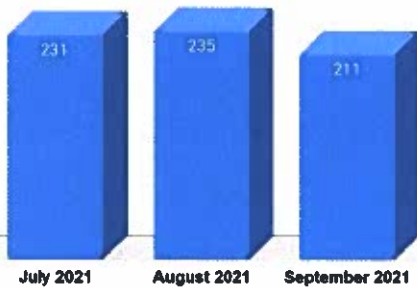


Overview

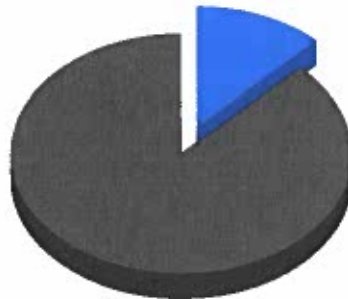
- ✓ Total Calls
- ✓ COVID-19
- ✓ Total Texts
- ✓ Time Stats
- ✓ Service Level
- ✓ Contact Needs
- ✓ Who's Calling
- ✓ Follow-Ups
- ✓ Referral Source
- ✓ PATH Page
- ✓ Links/Resources



211 Calls



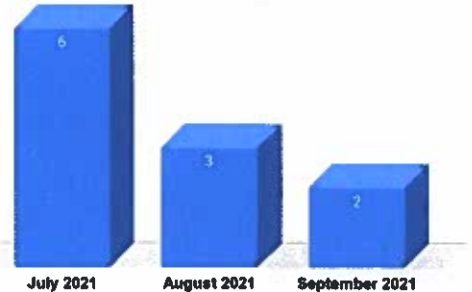
COVID-19 Contacts



COVID-19 • Not COVID-19



211 Texts



United Way 211 Report
3rd Quarter
July 1st - September 30th 2021

62

Time stats, Service Level

Average Handle Time

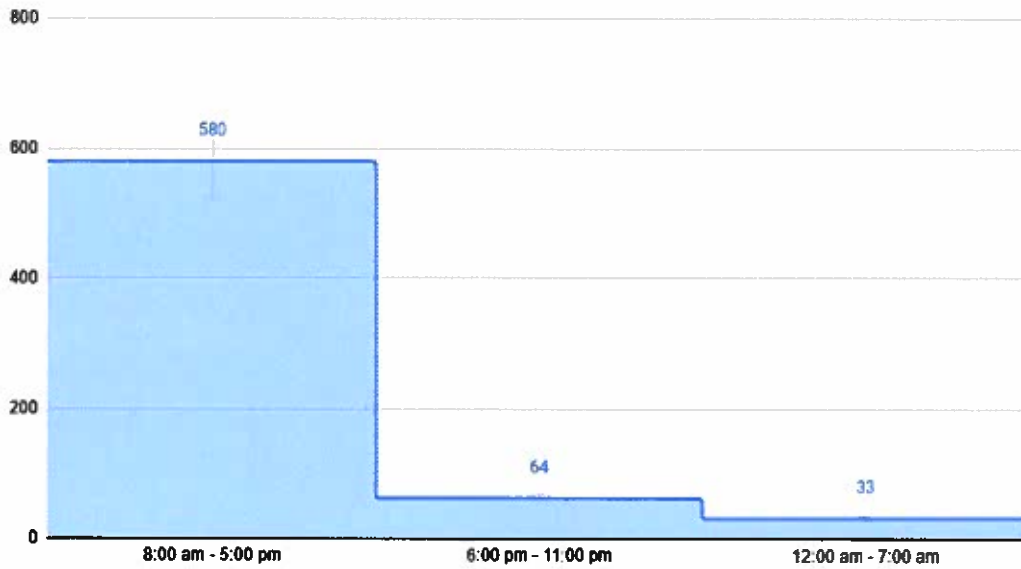
7:18
Untied Way 211 Calls



Average InQueue Time

48 Sec
Untied Way 211 Calls

Call Time



Note: Chart describes the distribution of calls received during 3 different time periods: business hours (8am-5pm), after hours (6pm-11pm), and early morning hours (12am-7am).

Service Level

✓ **80.13 %** (United Way 211)

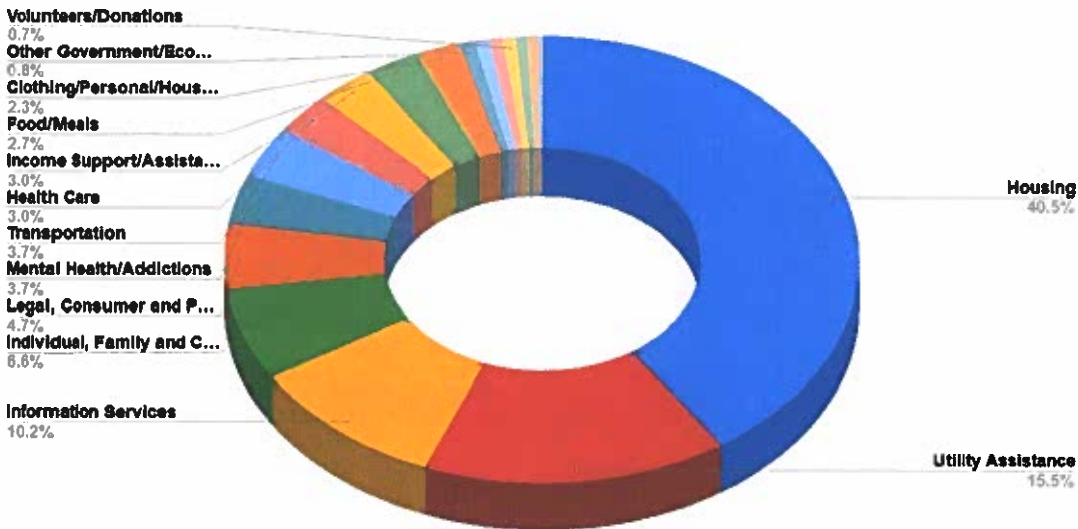


Service Level % = Percentage of calls answered within 90 seconds. Goal 80%

63

Contact Needs

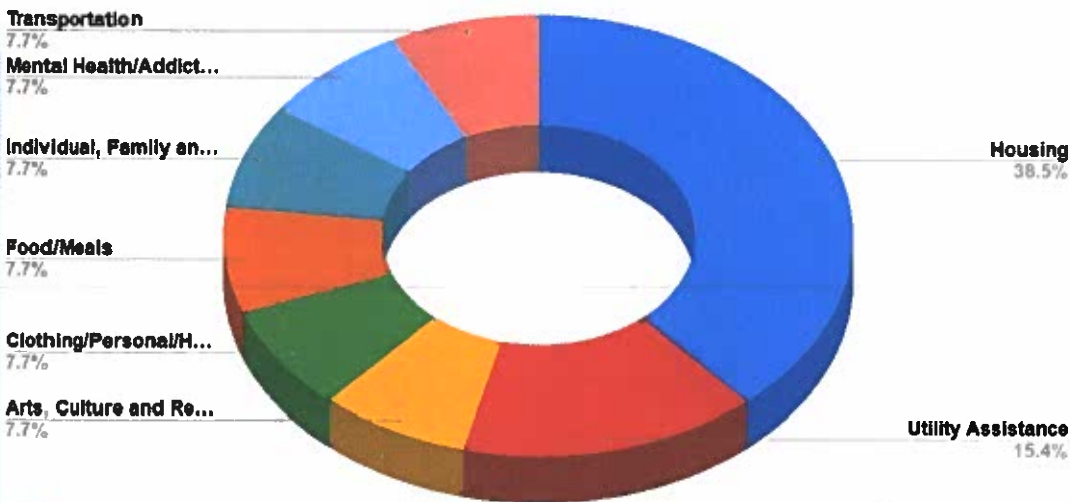
AIRS Problem Needs - Call



Note:

- AIRS - The Alliance of Information and Referral Systems. "AIRS is the driving force behind the delivery of quality I&R services and the sole source for standards, program accreditation and practitioner certification for the I&R sector." ([AIRS home page](#))
- AIRS Problem Needs - AIRS list of national categories for I&R problem/needs is a means to organize the incredibly wide range of inquiries handled by I&R services and to provide for the consistent and credible reporting of community needs across jurisdictions.

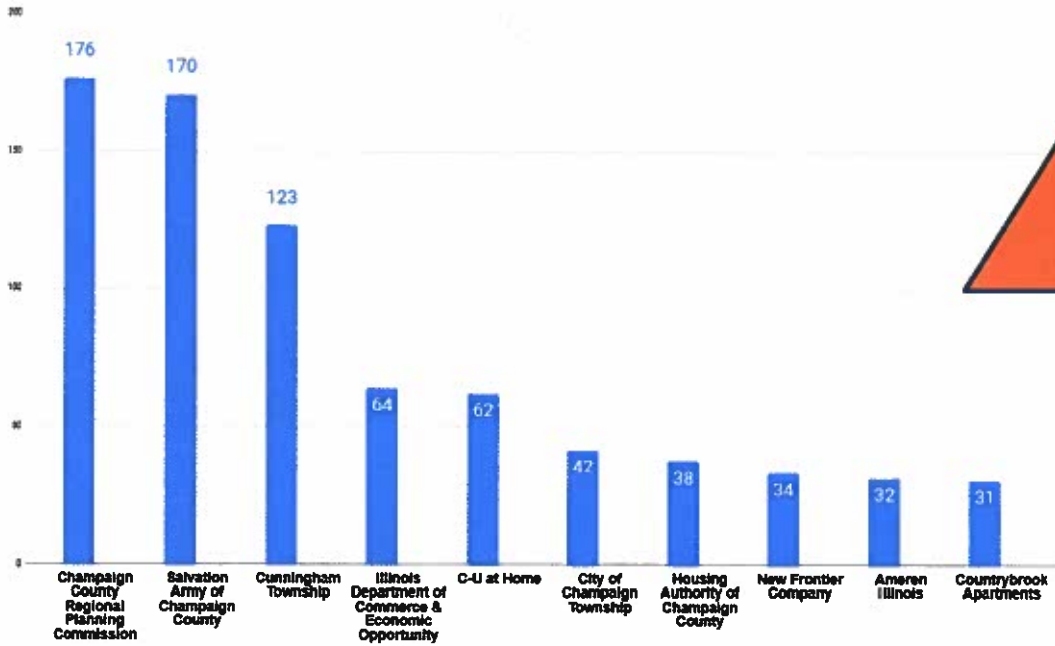
AIRS Problem Needs - Text



Note: Champaign County received 11 total 211 texts. This chart describes the percentage of AIRS Problem Needs recorded on the 211 text-line.

Contact Needs Cont.

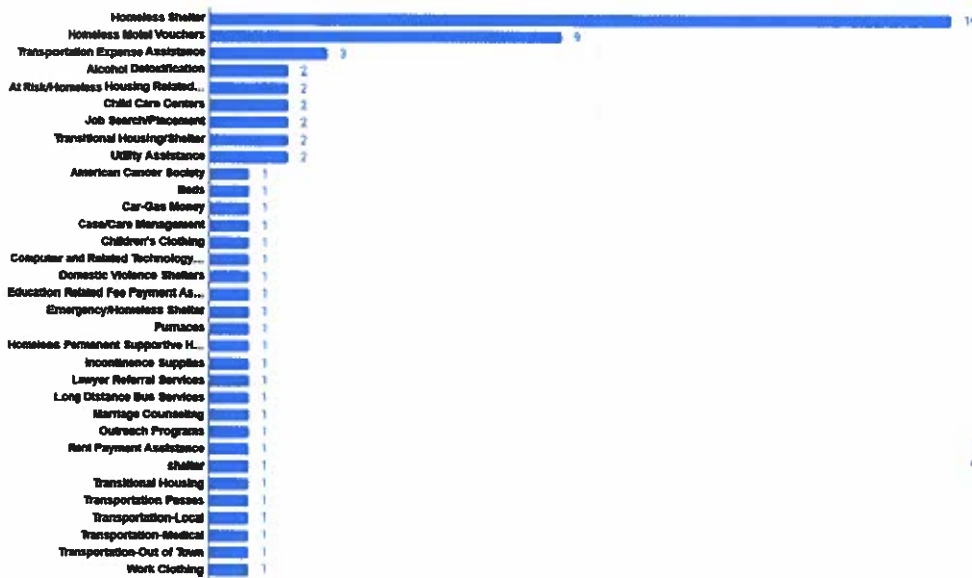
Top 10 Agency Referrals



1,753
Total agencies referred to

Note: 1,753 total agencies were referred to in Champaign County. This chart displays the top ten agencies referred to with exact referral numbers in data labels.

Unmet Needs



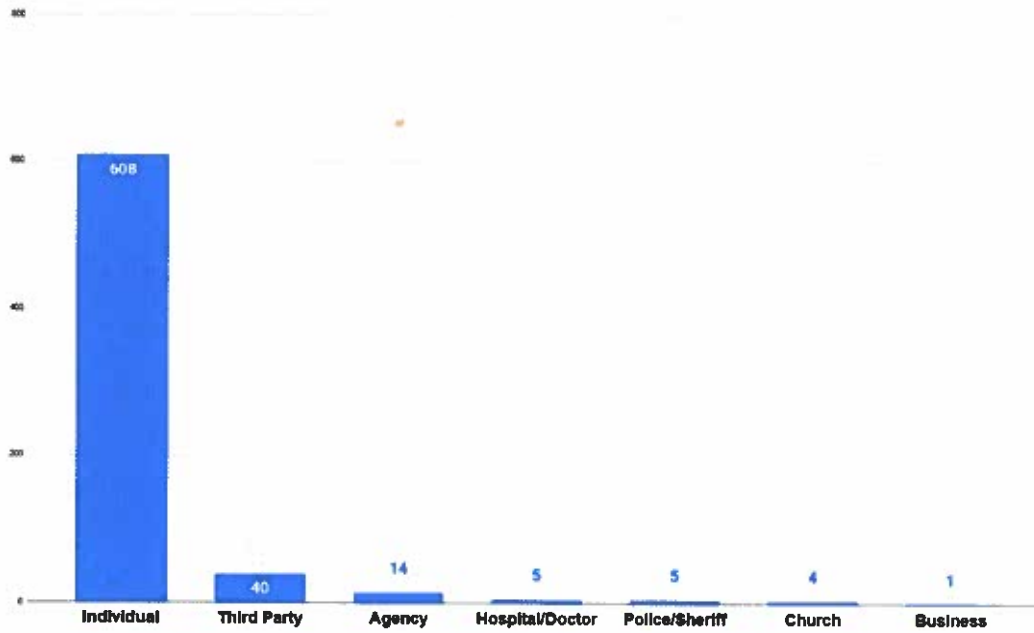
67
Total Unmet Needs

Note: 67 total unmet needs were recorded in Champaign County. The number one unmet need was *Homeless Shelter*.

65

Who's Calling

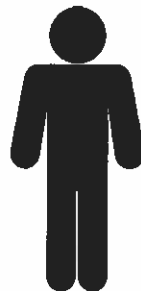
Contact Person Type



Note: Contact Person Type describes the 211 caller and their role in contacting I&R services.



71.6%
Female



27.8%
Male



5
Total Spanish 211
calls



79.0%
Adult
18-54

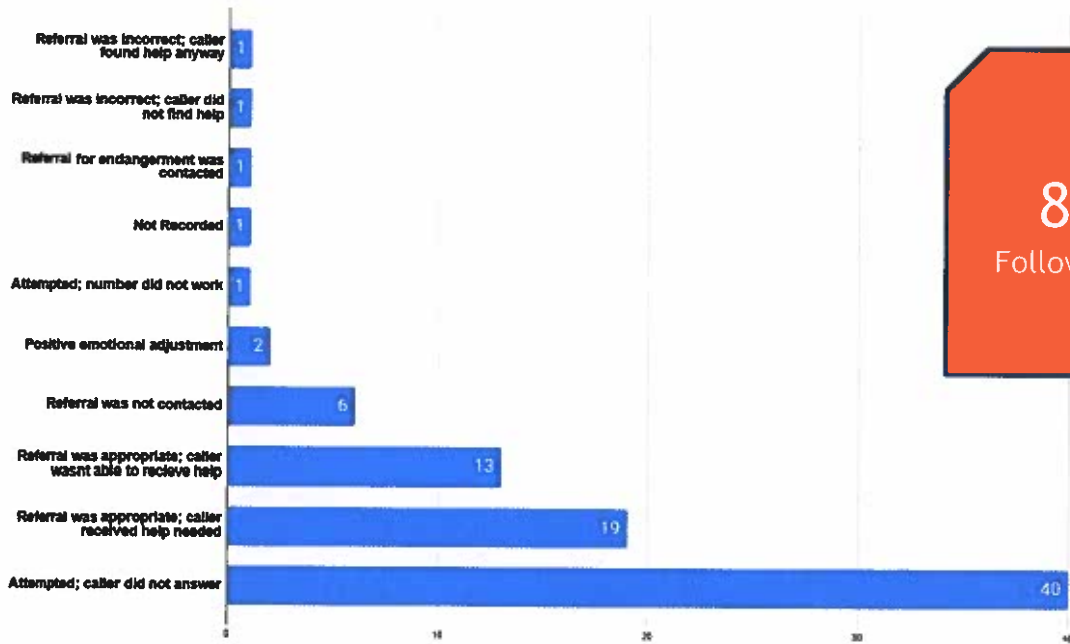


18.5%
Older Adult
55+

66

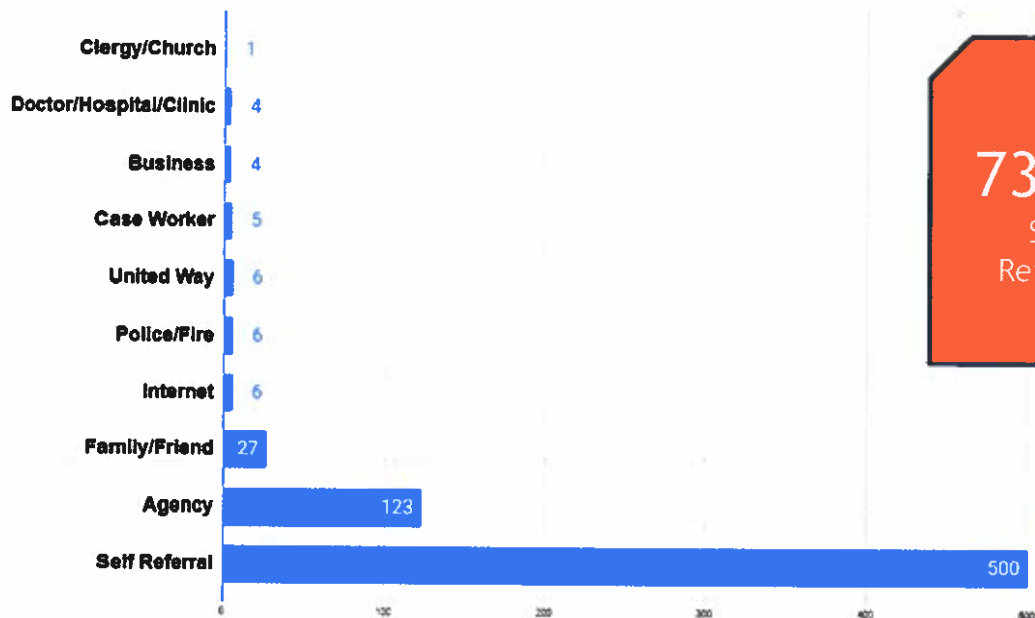
Follow-Ups, Referral Source

Follow-Ups



Note: 85 total follow-ups were performed. This chart describes the breakdown of each follow-up result.

Referral Source



Note: Referral source refers to what motivated the 211 contact to reach out to 211 services.



All Calls Answered by PATH Inc.

- ✓ 10,359 calls handled (United Way 211)
- ✓ 318 calls handled (Spanish 211)



All Text Messages Handled by PATH Inc.

- ✓ 73 texts
- ✓ Text your zip-code to 898-211 to get started!



Abandons

- 1,202 (United Way 211)
- 119 (Spanish 211)

Average Abandon Time

- 1 min:17 sec (United Way 211)
- 51 sec (Spanish 211)

% Abandons

- 10.39% (United Way 211)
- 27.23% (Spanish 211)

% Abandon Goal = 9%



Average Handle Time

✓ 7:18 (United Way 211)

✓ 5:37 (Spanish 211)

Average InQueue Time

✓ 48 sec (United Way 211)

✓ 46 sec (Spanish 211)

Service Level

✓ 80.13 % (United Way 211)

✓ 77.75 % (Spanish 211)



Service Level % = Percentage of calls answered within 90 seconds. Goal 80%

PATH Success Stories (3rd Quarter)

The following are real 211 callers and their stories. Certain details have been changed to preserve their anonymity.



The caller is having trouble paying bills lately. As a result, she does not have a lot of food at the moment. She said she has been living off oatmeal.

She was reluctant to try food pantries because she is picky and wants to leave food for others, but I convinced her to give them a try.

She was happy she had many options, and that there are a lot of pantries to feed many people.

She lives with her dog who she loves very much. He requires many meds and expensive food, but she loves him, so she uses a lot of her money on him.

She was very thankful for our help today.





Caller said that he just needed to talk to someone for a little while because he is really overwhelmed right now. He recently found out that he is HIV positive, and he has been really disappointed with how people have been reacting to him.

He said that some of his friends and family stopped talking to him after he received his diagnosis. It has been a really hurtful time for him. I reflected with him and said, "It must be really hard to go through that, and to be rejected at a time when you need friends and family the most."

He said, "That is exactly how I feel! It sort of feels like coming out all over again."

Caller said that he is getting treatment and would like to reach out to the support group resources I sent to him. He is looking forward to that, it is just a matter of getting through the next bit here.

He really appreciated chatting with me and said that he felt a lot better about his situation.

Links/Resources

PATH Inc. Website

- <https://www.pathcrisis.org/>

211 Counts

- <https://uwaypath.211counts.org/>

PATH Inc. Online Database

- <https://www.navigateresources.net/path/>

AIRS

- <https://www.airs.org/i4a/pages/index.cfm?pageid=1>

Raw Data

- https://docs.google.com/spreadsheets/d/1n0PlZ_bH4JDqTnzA4mRVYuhC8Bf7Bu0l-oITlijRxqnl/edit?usp=sharing

Submitted by:
Violet Pavlik
Database Manager
vpavlik@pathcrisis.org
309-834-0580



PATH, Inc. is aware of an odd 2-1-1 routing issue that is affecting multiple counties within our service area and beyond. 2-1-1 calls from US Cellular customers (we hope this is the only provider and that it is not affecting other major providers like Verizon, AT&T, etc.) are being routed to their local United Way office instead of the local 2-1-1 provider. We have heard reports of this same issue occurring in other states as well.

To correct this issue, PATH needs some very specific information to provide to the Network Operations team at US Cellular. If your United Way office receives a call from someone who dialed 2-1-1, please gather the following:

- Customer's 10-digit Number
- Customer's phone provider
- Date of Call
- Time of Call
- City call was placed from
- County call was placed from
- State call was placed from

While this issue is occurring, after gathering the above info, we recommend the following if callers continue to be routed to your agency: Apologize that this issue seems to be affecting multiple US Cellular customers nationwide.

Provide them with PATH's toll-free 2-1-1 line to reach us 24/7:

888-865-9903.

The network engineering team at US Cellular needs this specific information from callers experiencing the problem, and without it we are unable to resolve the issue. It is absolutely essential that if you are experiencing this issue in your county, you gather the above information and provide it to PATH's call center program manager at krichardson@pathcrisis.org. Unfortunately, just letting us know that this is happening is not enough information to resolve the issue. We have been able to resolve this relatively quickly (within a few days) in at least 1 county after providing US Cellular with the necessary information.

Kevin Richardson, CRS
Call Center Program Manager
PATH, Inc.
201 E. Grove St., Suite 200
Bloomington, IL 61701
Office: (309) 834-0541





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

October 27 – *study session* – CCMHB office

November 17 – *joint study session with the CCDDDB* - Shields-Carter Room

November 17 – Shields-Carter Room

December 15 – Shields-Carter Room

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.



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

November 17 – CCDDB Office

November 17 at 5:45PM – joint study session with the CCMHB - Shields-Carter Room

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.

**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.**

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|----------|--|
| 10/20/21 | Regular Board Meeting
Release Draft Program Year 2023 Allocation Criteria |
| 10/27/21 | Study Session |
| 10/29/21 | <i>Agency PY2022 First Quarter Reports Due</i> |
| 11/17/21 | Joint Study Session with the CCDDDB
Head Start Cultural and Linguistic Competence Planning
Regular Board Meeting |
| 12/13/21 | <i>Public Notice of Funding Availability to be published on or before, giving at least 21-day notice of application period.</i> |
| 12/15/21 | Regular Board Meeting
Approve Three Year Plan with FY2022 Objectives
Allocation Decision Support – PY23 Allocation Criteria |
| 12/31/21 | <i>Agency Independent Audits, Reviews, or Compilations due</i> |
| 1/3/22 | <i>Online System opens for Applications for PY2023 Funding</i> |
| 1/19/22 | Regular Board Meeting |
| 1/26/22 | Study Session: Mid-Year Program Presentations |
| 1/28/22 | <i>Agency PY22 2nd Q Reports and CLC Progress Reports due</i> |
| 1/31/22 | <i>Deadline for updated agency eligibility questionnaires</i> |
| 2/11/22 | <i>Deadline for submission of applications for PY23 funding.
Online system will not accept any forms after 4:30PM.</i> |
| 2/16/22 | Study Session: Mid-Year Program Presentations |
| 2/16/22 | <i>List of Requests for PY2023 Funding assembled</i> |
| 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**
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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**Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities
Staff Report – November 2021**

CCDDB: PY2022 1st Quarter Program Reports and Service Data Reports for CCDDB and CCMHB I/DD funded programs are in the Board packet. I am reviewing and documenting the information provided in the reports.

I spent time trouble shooting the Online System with agency staff and the system developer.

CU Able submitted their PY21 4th Quarter Program Report, 4th Quarter Zip Code report, and 4th Quarter Demographic Report on October 28, 2021. I am reviewing and documenting these reports.

There is no update from the Champaign County Down Syndrome Network on their PY20 audit.

The following agencies/programs requested extensions for their PY22 1st Quarter reports: CCRPC Head Start/Early Head Start and DSC Family Development. PACE was also granted an extension due to confusion with their claims reporting, related to the change from the PY21 Fee for Service contract to the PY22 grant contract.

I participated in the DSC Financial Site Visit.

CCDDB Mini-Grant: I communicated with one Mini-Grant recipient's father regarding a respite weekend at Camp New Hope, speech therapy services from the UIUC Audiology & Speech-Language Pathology Clinics, and Evergreen Coaching and Counseling. I also communicated with staff from Camp New Hope arrange for payment for these respite weekends.

Learning Opportunities: Elise Belknap presented, "Boundary Work for Helping Professionals" on October 28, 2021. This event was virtual. After the presentation, attendees shared the following comments:

- "I like how Elise presents materials - with plenty of time for processing, comments, and activities to keep the audience engaged."
- "Elise did a great job of discussing how our individual personal experiences impact our work or are impacted by our work."
- "I enjoyed being able to interact with others and hear others' opinions and thoughts."
- "I enjoyed the resources and being able to participate."
- "The conversational nature in Elise's style"

Tamela Milan-Alexander will present on November 18, 2021, to present, "The Importance of Connection and Support." Ms. Milan-Alexander first presented in December 2019. Register to

attend at <https://www.eventbrite.com/e/the-importance-of-connection-and-support-tickets-196118665207>.

Each session offers Social Work CEUs, approved by the University of Illinois School of Social Work. I prepare the required documents to send to the School of Social Work for approval. QIDP CEUs are provided for each session, as well. After the presentations are over, I create QIDP CEU Certificates and Certificates of Attendance, and email them to attendees along with any relevant workshop materials. I also send the sign-in sheet to UIUC School of Social Work for Social Work CEUs for certification.

I continue to explore presenters for 2022 and have been coordinating with past workshop attendees to determine future training topics.

MHDDAC: I participated in the October meeting of the MHDDAC. The Illinois Department of Healthcare and Family Services Bureau Chief, Behavioral Health, Kristine Herman presented the Illinois Pathways to Success program. The program aims to enhance the behavioral health service system for children.

ACMHAI: I participated in the November meeting of the ACMHAI I/DD Committee. Ed McManus, McManus Consulting and Kathy Carmody, CEO, Institute on Public Policy for People with Disabilities were guest speakers and shared information about a DD survey and the DSP workforce crisis in Illinois. I also participated in a planning meeting with Jodi Dart, ACMHAI Coordinator, Lynn Canfield, and Kathy Carmody.

NACBHDD: I participated in the November I/DD committee call.

Disability Resource Expo: The next Expo Steering Committee Meeting is December 1, 2021. I participated in a meeting about the Expo subcommittee. It was determined that organizations outside of Champaign County will need to share how they serve people with I/DD. A Google search will ensure the legitimacy of the organization, and we will not charge a fee so the website can remain as inclusive as possible.

UIUC School of Social Work Community Learning Lab: All the students are wrapping up their projects for the semester. The Expo website will have with several new agency videos, produced by student groups. Another student translated the 2021 Community Needs Assessment Report to Spanish.

Other activities: I participated in several webinars and Facebook lunchtime chats.

I attended the Illinois Department of Human Services Division of Developmental Disabilities DD Advisory Committee meeting.

I participated in multiple meetings with UIUC Community Data Clinic and other partners involved in the Champaign County Resource Directory project.

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I participated in the meeting with Regina Stevenson and other CCMHB team members related to the CCMHB Financial Coaching Pilot Project.

I attended the November Human Services Council meeting. Epilepsy Foundation of Greater Chicago provided a presentation from a panel of people living with epilepsy. These experts shared their stories about living with epilepsy.

I participated in the Champaign County LIC meeting. I also participated in the Race Relations Subcommittee Meeting and joined another subcommittee of this group and have met with it.

Leon Bryson, Associate Director for Mental Health & Substance Use Disorders

Staff Report-November 2021

Summary of Activity

CCMHB Three Year Plan with Draft PY22 Objectives. An email was sent out to stakeholders and service providers for suggestions on the draft of Three-Year Plan with FY 2022 Objectives and Allocation Decision Support – PY23. Only one comment was received from a provider, addressing Goal #1 Objective #5. The CCMHB staff will continue to work on the draft for a final document to be presented to the Board in December.

CCMHB PY22 First Quarter Reports: Program Year 2022 1st Quarter reports were due on October 29, 2021. All reports are currently under review for corrections or clarifications. Five agencies requested and were granted extensions for their 1st Quarter reports.

CCMHB staff met with the WIN Recovery agency to confirm PY22 1st Quarter revenue and expense forms are correctly submitted.

CCMHB Contract Amendments:

On October 15, 2021, Lynn and I received an email from the Executive Director of Rattle the Stars who decided to terminate their contract with the CCMHB effective September 30, 2021, due to not being able to meet all their service deliverables. A contract amendment was drafted for the Suicide Prevention program.

Financial Site Visits:

I attended a financial site visit led by Chris Wilson our Financial Manager and CCMHB/CCDDB staff for Developmental Services Center (DSC). The financial site visit is designed to assist the agency with CCMHB/CCDDB funding compliance. Each agency is given a site checklist in advance of the site visit to ensure no auditory surprises. There were no major issues with DSC and their financial site visit at this time.

Financial Management Coaching Pilot Program: The Board approved CCMHB staff to negotiate contracts with independent financial consultants to begin coaching selected agencies on best bookkeeping and internal controls practices. The immediate goals of the pilot are to improve the agencies' financial accountability, assist with accurate quarterly reports and on-time audits/reviews with the ultimate goals of being self-sufficient with bookkeeping and accounting practices. The program began on November 1st. The Terrapin Station Sober Living and The UP Center of Champaign County both agreed to participate in the six-month pilot program. CCMHB/CCDDB staff had preliminary meetings with two independent consultants who will be providing support to the above agencies.

Criminal Justice-Mental Health:

Youth Assessment Center (YAC) Advisory Committee Meeting: YAC hired a new Case Manager and has an additional Case Manager position to fill. Case Managers are sharing office space at Urbana High School/Unit 4 School District (Centennial and Central) and are available 1-2 times a week to complete on-site intakes for YAC referrals. YAC is re-establishing memorandum of understandings (MOUs) with Youth & Family Peer Support, Rosecrance, and Hope Springs. The program has a tentative start date for their Reflections Group on November 15th (Covid precautions in place).

The Champaign County Drug Court celebrated four graduates from the program in a virtual ceremony. Each of the graduates were recognized for their hard work and gave a short speech. Judge Rosenbaum was the master of ceremonies for the occasion.

The Crisis Intervention Team Steering Committee was pushed back to January and Reentry Council meeting was cancelled for November and will reconvene in December.

CCMHDDAC Meeting:

HFS Director Kristine Herman presented on the State's efforts to enhance the behavioral health service system for children. The Pathway to Success program is for children with complex behavioral health challenges that provides access to home and community-based services that is schedule to launch in March 2022. The CCMHDDAC members also heard a presentation from GROW and their work with the Evaluation Capacity Building team.

Other Activities:

Monthly meetings I attended: Child/Adolescent LAN, ACMHAI Legislative Committee, Rantoul Service Providers.

Lynn and I met with CU at Home Executive Director to discuss funding options and Low-Barrier Shelter update. CU at Home will continue with their services. Their plan is to ramp up services for the winter and address the needs of the homeless population who are not ready to make healthy lifestyle changes through a Second-Tier program.

I participated several meetings with UIUC Community Data Clinic and the County Resource Directory project.

Learning Opportunities:

I participated several webinars: NACO's Growing County Economies with Stronger Child Care Systems, SAMHSA's GAINS Center's on Tribal Courts are Problem-Solving Courts: The Healing to Wellness Model, NACO: Reducing Jail Populations through State and Local Policy Coordination, CSBS – U of I School of Social Work Poverty Seminar Series--"Policy Measures to Increase Child Care Stability for Low-Income Families: Equity Impacts of Child Care Development Block Grant (CCDBG) Reform."

I am working with U of I School of Social Work students who are conducting research on DSP workforce shortages.

Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report – November 2021 Board Meeting

SUMMARY OF ACTIVITY:

Audits:

An audit from Promise Healthcare was approved by their Board at the end of October and is being reviewed by staff and Consultant John Brusveen. Payments were released and their contracts were reinstated, per the Board's decision at the October Board meeting.

Fourth Quarter Reporting—due August 27, 2021:

Urbana Neighborhood Connections (UNCC, CCMHB funded) did not request an extension and missed the deadline. They submitted some, but not all of the reports on October 5th. Payments to them have been suspended until we receive their reports.

First Quarter Reporting:

First Quarter reports were due October 29, 2021. I sent out a reminder at the beginning of October to all the agencies of the due date. Several of the agencies requested an extension to their deadline, which was approved by staff.

On October 21, 2021, staff members Lynn Canfield, Leon Bryson and I were invited by Chris Wilson to attend a meeting with WIN Recovery (CCMHB funded) to review how to do their first quarter reports to us.

Urbana Neighborhood Connections (UNCC, CCMHB funded) did not request an extension and missed the deadline.

Other Compliance:

I made contact with seven agencies regarding various contract compliance issues which included receiving their Board minutes and eligibility requirements. No suspension letters were sent regarding these issues.

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

I continue to look for opportunities for our artists. These times are challenging.

FOIA/OMA Certification:

The Public Access Counselor's web page is **still** being repaired, therefore the Open Meetings Act 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.

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.

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

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

Agency Support and Technical Assistance:

First Followers

Family Service Center- Tech Support on Self-Care Conference

Urbana Neighborhood Connection Center- CLC Plan Support

MHACDDB- I attended the meeting in October to remind funded agencies about CLC Quarterly Reporting

Developmental Services Center: Reminder about CLC Quarterly Requirements.

Cultural Competence Training/Support

PACE: I attended the Staff Training October 27, 2021. This was an opportunity to introduce the National CLAS Standards and review DDB CLC Requirements.

Family Service Center of Champaign County: I served as a presenter at the Self-Help Workshop on Friday November 5, 2021. I presented a workshop on "Celebrating Wins at the Workplace" Here is an outline of the content that was presented.

1. Brief History of Celebrations
 - Celebrations in the US
 - Why Celebrations Matter Culturally
 - Definition of Culture
2. Celebrating wins at Work Boosts Employee Moral and Retention
 - a. Why celebrations at work matter
 - b. Research about employee recognition
 - c. Ways to build Employee Retention and Moral
3. When Should We Celebrate?
 - Conclusion of a Project
 - Accomplishment
 - Just Because
4. Creative Ways to Celebrate Wins within your Workspace
 - Cost Effective Ways
 - Ideas on how to Celebrate at Work
5. Your Turn- Talk about Ways you Celebrate Outside of Work
 - We talk about celebrations, there are some people that choose not to have celebrations or customs at work.
 - How do you celebrate who you are culturally?

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

Champaign County Head Start: In September of 2020 Champaign County Head Start participated in a yearlong CLC Organizational Process. At the study session we will go into detail about the process. I wanted to provide you with an update on the outcomes and the changes that were made within the organization because of this process.

1. We provided space for crucial conversations by establishing psychological safety.
2. The management team completed book study of **White Fragility: Why It's So Hard For White People to Talk About Race.**
3. We conducted several management professional development days around equity in leadership. We attended the following sessions:
 - Diversity, Inclusion, Equality and Equity: What's the difference?
 - Positive Work Environments: Leaning into Equity
 - Supporting Cultural Authenticity in the Early Childhood Classroom
4. We made a conscious effort to listen to staff concerns to make decisions based on individual needs instead of past practices/policies.
5. We reviewed our educational materials and discussed if we were unintentionally promoting stereotypes in the classrooms and how we can meet grant requirements without culturally incompetence.
6. We reviewed policies and procedures for non-bias and equity.
7. We discussed and reflected on the roots of why Head Start exists and how we can go back to the foundational mission and vision to provide better services.
8. We've done work to flush out, reflect on, and change our own implicit biases.
9. We worked on understanding adaptive versus technical problems and solutions.
10. We delved into other areas of cultural competency such as gender bias, disabilities bias, and ageism.

CLC Coordinator Direct Service Activities

Webinar and Training Activities:

October 21st – Global Peer Support Network Day- I sent this toolkit to organizations Peer Support Programs that are funded by CCMHB/DDB. Here is the link to the Toolkit.

<https://files.ctctusercontent.com/770e9cab001/1d34b2cd-9db0-45f6-896e-d53c640cf369.pdf?rdr=true>

Anti-Stigma Activities/Community Collaborations and Partnerships

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

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 team meets bi-weekly to review data collected and develop the implementation for the spring semester.

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 served as a reviewer for the CMDT Fellowship Program. There were 12 applications, and 4 applications were accepted for the CMDT Fellowship. I will assist with mentoring the community based organizations.

DisAbility Resource Expo-

The vetting committee met to come up with ways to vet resources outside of Champaign County or that had not previously served as an exhibitor. The committee chare reached out and stated that we will simplify the process and will not longer meet. The Steering committee will continue to learn about organizations that are available to serve people that are living with DD/IDD.

ACHMAHI

I attended the Monthly Training webinar on November 2, 2021 for the ACMHAI - Addressing the Mental Health Care Crisis in Rural IL

- What is it?
- Why does it matter?
- What can we do about it?

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>

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

National CLAS Standards Fact Sheet

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

Racial Bias in Health Care Artificial Intelligence

[https://nihcm.org/publications/artificial-intelligences-racial-bias-in-health-](https://nihcm.org/publications/artificial-intelligences-racial-bias-in-health-care?utm_source=NIHCM+Foundation&utm_campaign=25937ad5d7-)

[care?utm_source=NIHCM+Foundation&utm_campaign=25937ad5d7-](https://nihcm.org/publications/artificial-intelligences-racial-bias-in-health-care?utm_source=NIHCM+Foundation&utm_campaign=25937ad5d7-)

[Disability Infographic 093021&utm_medium=email&utm_term=0_6f88de9846-25937ad5d7-167751988](https://nihcm.org/publications/artificial-intelligences-racial-bias-in-health-care?utm_source=NIHCM+Foundation&utm_campaign=25937ad5d7-)

Congress mulls ending federal program that OKs sub-minimum wages for workers with disabilities

<https://youthtoday.org/2021/09/congress-mulls-ending-federal-program-that-oks-sub-minimum-wages-for-workers-with-disabilities/>

Champaign County Welcoming Plan

<https://universityymca.org/wp-content/uploads/2021/09/CCWP.pdf>

Black Women's Health Imperative CEO Linda Goler Blount on health equity and reproductive justice

[https://www.upworthy.com/linda-golder-blount-health-](https://www.upworthy.com/linda-golder-blount-health-equity?fbclid=IwAR1dDh96jVt1TtQ1wewQ_XCzsmHHWvmyVQumF0ioBoWsXvs_xFspbMQ8i)

[equity?fbclid=IwAR1dDh96jVt1TtQ1wewQ_XCzsmHHWvmyVQumF0ioBoWsXvs_xFspbMQ8i](https://www.upworthy.com/linda-golder-blount-health-equity?fbclid=IwAR1dDh96jVt1TtQ1wewQ_XCzsmHHWvmyVQumF0ioBoWsXvs_xFspbMQ8i)
[Wk](https://www.upworthy.com/linda-golder-blount-health-equity?fbclid=IwAR1dDh96jVt1TtQ1wewQ_XCzsmHHWvmyVQumF0ioBoWsXvs_xFspbMQ8i)

Champaign County Mental Health Board
 FY21 Revenues and Expenditures as of 09/30/21

Revenue	Q3	YTD	Budget	% of Budget
Property Tax Distributions	\$ 1,513,420.20	\$ 4,340,157.62	\$ 5,312,965.00	81.69%
From Developmental Disabilities Board	\$ 98,193.00	\$ 294,579.00	\$ 404,296.00	72.86%
Gifts & Donations	\$ -	\$ 200.00	\$ 18,000.00	1.11%
Other Misc Revenue	\$ 772,923.45	\$ 773,430.55	\$ 113,000.00	684.45%
TOTAL	\$ 2,384,536.65	\$ 5,408,367.17	\$ 5,848,261.00	92.48%

Expenditure	Q3	YTD	Budget	% of Budget
Personnel	\$ 146,022.27	\$ 410,987.40	\$ 580,633.00	70.78%
Commodities	\$ 2,178.84	\$ 6,137.04	\$ 16,295.00	37.66%
Contributions & Grants	\$ 1,249,506.00	\$ 3,654,054.00	\$ 4,882,008.00	74.85%
Professional Fees	\$ 14,818.00	\$ 80,406.61	\$ 140,000.00	57.43%
Other Services	\$ 28,907.11	\$ 105,575.78	\$ 229,055.00	46.09%
TOTAL	\$ 1,441,432.22	\$ 4,257,160.83	\$ 5,847,991.00	72.80%

Champaign County Developmental Disability Board
 FY21 Revenues and Expenditures as of 09/30/21

Revenue	Q3	YTD	Budget	% of Budget
Property Tax Distributions	\$ 1,242,713.54	\$ 3,563,830.16	\$ 4,360,483.00	81.73%
From Mental Health Board	\$ -	\$ -	\$ 6,800.00	0.00%
Other Misc Revenue	\$ 164.74	\$ 467.74	\$ 19,000.00	2.46%
TOTAL	\$ 1,242,878.28	\$ 3,564,297.90	\$ 4,386,283.00	81.26%

Expenditure	Q3	YTD	Budget	% of Budget
Contributions & Grants	\$ 1,076,790.00	\$ 2,787,194.32	\$ 3,931,987.00	70.89%
Professional Fees	\$ 98,193.00	\$ 294,579.00	\$ 404,296.00	72.86%
Transfer to CILA Fund	\$ -	\$ 50,000.00	\$ 50,000.00	100.00%
TOTAL	\$ 1,174,983.00	\$ 3,131,773.32	\$ 4,386,283.00	71.40%