



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

Champaign County Mental Health Board (CCMHB) Meeting Agenda

Wednesday, October 19, 2022 at 5:45PM

Held remotely, at <https://us02web.zoom.us/j/81393675682> 312-626-6799, Meeting ID: 813 9367 5682
with representation in the Shields-Carter Room, Brookens Admin Bldg, 1776 E. Washington, Urbana, IL

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 COVID-19 cases and hospitalizations 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 to observe and offer thoughts during "Citizen Input/Public Participation. For support, let us know how we might help by emailing stephanie@ccmhb.org. You may also communicate with the Board by emailing stephanie@ccmhb.org any written comments you would like read into the record.

1. Call to Order
2. Roll Call
3. Zoom Instructions (**page 3**)
4. Approval of Agenda*
5. Citizen Input/Public Participation
The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.
6. President's Comments – Dr. Youakim
7. Executive Director's Comments – Lynn Canfield
8. Approval of CCMHB Minutes (**pages 4-12**)*
Minutes from the 9/21/2022 board meeting and 9/28/22 special joint meeting are included. Action is requested.
9. Vendor Invoice List (**pages 13-16**)*
A "Vendor Invoice List" of expenditures is included. Action is requested, to accept the list and place it on file.
10. New Business
 - A. DRAFT PY24 Allocation Priorities and Selection Criteria (**pages 17-29**)
For information only, the packet contains a DRAFT of proposed funding priorities and selection criteria for the Program Year 2024.
11. Old Business

- None.*
12. Schedules & Allocation Process Timelines (**pages 30-37**)
Updated copies of CCMHB and CCDDDB meeting schedules and CCMHB allocation timelines are included in the packet.
 13. Acronyms and Glossary (**pages 38-50**)
A list of commonly used acronyms is included for information.
 14. Agency Input
The CCMHB reserves the authority to limit individual agency representative participation to 5 minutes and total time to 20 minutes.
 15. CCDDDB Input
 16. Staff Reports (**pages 51-73**)
For information are reports from Kim Bowdry, Leon Bryson, Stephanie Howard-Gallo, Shandra Summerville, and Chris Wilson.
 17. Board to Board Reports (**page 74**)
 18. Board Announcements
 19. Adjournment

**Board action requested*

#3

Instructions for participating in Zoom Conference Bridge for CCMHB Regular Board Meeting October 19, 2022 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.

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
REGULAR MEETING**

Minutes—September 21, 2022

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

5:45 p.m.

MEMBERS PRESENT: Matt Hausman, Joseph Omo-Osagie, Jon Paul Youakim, Daphne Maurer, Molly McLay, Alexa McCoy, Elaine Palencia, Jane Sprandel

MEMBERS EXCUSED: Kyle Patterson

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

OTHERS PRESENT: Mark Aber, Sarah Dodoo, Chelsea Alexander, University of Illinois, Nicole Smith, DSC; Gail Raney, Rosecrance; Kerrie Hacker, Brenda Eakins, Keysa Haley, GROW; Jennifer Henry, Jamie Dahlman, Scott Greenlee, Promise Healthcare; Paige Garrison, Pat Ege, Cunningham Children’s Home; Nicole Frydman, Uniting Pride; Cindy Crawford, Community Services Center of Northern Champaign County (CSCNCC); Laura Lindsay, Courage Connection; Nelson Novak, Terrapin Station Sober Living; Melissa Courtwright, C-U at Home; JR Lill, IPLAN Coordinator Champaign and Vermillion Counties; Jodi McGhee, Jessica McCann, Regional Planning Commission (RPC); Justin Brooks, CU Change; Beth Hand, Urbana Neighborhood Connections Center (UNCC)

CALL TO ORDER:

Dr. Jon Paul Youakim called the meeting to order at 5:50 p.m. Instructions were included in the packet. Executive Director Canfield and Associate Director Leon Bryson were 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:

JR Lill introduced himself as the new IPLAN Coordinator for Champaign and Vermilion Counties.

APPROVAL OF AGENDA:

The agenda was presented for review. The agenda was approved unanimously by a roll call vote.

PRESIDENT’S COMMENTS:

Dr. Youakim made some comments regarding the pandemic and how it has affected the community and our schools.

EXECUTIVE DIRECTOR’S COMMENTS:

Ms. Canfield reviewed the agenda.

APPROVAL OF CCMHB MINUTES:

Meeting minutes from the July 20, 2022 meeting were included in the Board packet.

MOTION: Ms. Sprandel moved to approve the CCMHB minutes from the meeting on July 20, 2022. Dr. Youakim seconded the motion. A roll call vote was taken. The motion passed.

VENDOR INVOICE LIST:

The Vendor Invoice List was included in the Board packet for consideration.

MOTION: Mr. Omo-Osagie moved to accept the Vendor Invoice List as presented in the Board packet. Ms. Palencia seconded the motion. A roll call vote was taken and the motion passed unanimously.

NEW BUSINESS:

Presentation: UIUC Evaluation Capacity Building Project:

A final report on “Building Evaluation Capacity for Programs funded by the Champaign County Mental Health and Developmental Disabilities Boards” from the UIUC research team was

included in the packet. Appendices and the presentation materials were posted as addendum to the meeting. Mark Aber, Ph.D presented. Board members were given an opportunity to ask questions following the presentation.

Youth and Staff Participant Survey:

The packet contained a briefing memorandum with results of surveys completed by participants and staff of youth programs. Associate Director Leon Bryson provided additional information regarding the project.

Three-Year Plan with Draft 2023 Objectives:

The packet included the draft CCMHB Three-Year Plan with proposed objectives for FY2023. Comments from stakeholders and other interested parties will be pursued. A final draft will be presented for approval at the November CCMHB meeting.

Agency Proposal for FY2023 Funding:

Among allocation actions taken during the May 25, 2022 meeting of the Champaign County Mental Health Board was a decision “to deny the request as presented and defer a decision on an alternative proposal for CCMHB funding for Rosecrance Central Illinois - Prevention Services.” Earlier board concerns related to the need for more intensive services for youth.

On August 27 and 29, 2022, the agency submitted application forms for a proposal to improve access to the agency’s behavioral health services for youth and their families through nursing and care coordination. CCMHB staff have reviewed this proposal using the Program Analysis template developed for all PY23 requests.

The CCMHB staff opinion is that this proposal meets the Board’s standards, aligns with the Systems of Care priority category, and represents a good value for Champaign County. Though addressed in the application, the contract should include special provisions to collaborate with related programs and to seek other funding, if available. The agency is also encouraged to share, in quarterly service activity report comments, any observations on the impact of telehealth services delivered to this population.

MOTION: Mr. Omo-Osagie moved to approve funding in the amount of \$59,682 for Rosecrance Central Illinois’ Child and Family Services, as presented in the memorandum. Ms. Sprandel seconded the motion. A roll call vote was taken and the motion passed unanimously.

Agency Request for Extension of Audit Deadline:

A letter from Promise Healthcare requesting an extension of the deadline for their independent CPA audit was included in the Board packet. Jennifer Henry, executive director at Promise, was present to provide additional information for Board members. There was Board discussion.

MOTION: Dr. Youakim moved to extend the due date for the Promise Healthcare audit to December 31, 2022. Payments to Promise will continue to be held. Ms. McLay second the motion. A roll call vote was taken and the motion passed unanimously.

OLD BUSINESS:

2023 Budgets:

Revised budgets were included in the Board packet. Ms. Canfield provided background information on the documents.

MOTION: Dr. Youakim moved to approve the 2023 CCMHB Budget as presented in the Board packet, with anticipated revenues and expenditures of \$6,369,010. Dr. Maurer seconded the motion. A roll call vote was taken and the motion passed unanimously.

MOTION: Dr. Youakim moved to approve the 2023 CILA Facilities (to be "I/DD Special Initiatives") Fund Budget, with anticipated revenues of \$51,000, use of \$300,000 from fund balance, and expenditures of \$351,000. Payment to this fund is consistent with The terms of the Intergovernmental Agreement between the CCDDDB and CCMHB, and full approval is contingent on CCDDDB action. Mr. Omo-Osagie seconded the motion. A roll call vote was taken and the motion passed. (The CCDDDB passed this motion earlier in the day.)

211 Second Quarter Update:

Reports from PATH provided an overview of services regarding Champaign County call activity from April 1 to June 30 were included in the CCDDDB packet for information only.

Expo Update:

A Briefing Memorandum provided an update on the Expo. A flyer was also included in the Board packet. Ms. Sprandel provided an update on Expo activities. Volunteers are needed for the October 22, 2022 event.

CCDDDB and CCMHB Schedules:

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

Acronyms and Glossary:

A list of commonly used acronyms was included for information.

CCDDDB Input:

The CCDDDB met earlier in the day. There will be a joint meeting with the CCDDDB and the CCMHB on September 28, 2022.

Staff Reports:

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

BOARD ANNOUNCEMENTS:

None.

REVIEW OF CLOSED SESSION MINUTES:

MOTION: Dr. Youakim moved to accept the closed session minutes as presented and to continue maintaining them as closed. Ms. Sprandel seconded the motion. A roll call vote was taken. Dr. Youakim and Ms. McCoy abstained from the vote. The motion passed.

ADJOURNMENT:

The meeting adjourned at 7:25 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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

**JOINT MEETING OF CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
And CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES
BOARD**

Minutes—Sept 28, 2022

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

5:45 p.m.

MEMBERS PRESENT: Matt Hausman, Daphne Maurer, Alexa McCoy, Molly McLay, Joseph Omo-Osagie, Elaine Palencia, Kyle Patterson, Jane Sprandel, Jon Paul Youakim, Deb Ruesch, Georgiana Schuster, Kim Fisher, Vicki Niswander, Anne Robin

MEMBERS EXCUSED: Kyle Patterson

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

OTHERS PRESENT: Kerrie Hacker, Keysa Haley, GROW in Illinois; Nelson Novak, Terrapin Station Sober Living; Paige Garrison, Cunningham Children's Home; Angela Yost, CCRPC; Cindy Crawford, CSCNCC; Ben Mueller, Immigrant Services of C-U

CALL TO ORDER:

Dr. Youakim called the meeting to order at 5:49 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.

APPROVAL OF AGENDA:

The agenda was in the packet for review.

PRESIDENT’S COMMENTS:

Dr. Youakim and Dr. Robin both thanked Board members and staff for attending the meeting.

EXECUTIVE DIRECTOR’S COMMENTS:

Director Lynn Canfield reviewed the agenda.

NEW BUSINESS:

RFP for Evaluation Capacity Building Project:

A Decision Memorandum was included in the Board packet. The purpose of the memorandum was to present the DRAFT of RFP 2022-010 for Evaluation Capacity Building, along with a Bid Notice for publication. These could be posted and the RFP process implemented as described in the memo. The project would continue and/or expand on the work done for several years by a research team from the University of Illinois at Urbana-Champaign Department of Psychology, the final report of which was presented to each Board at their September 21 meetings. A subsequent project would have the primary goal of supporting funded agencies in the identification of program outcomes and the collection and reporting of relevant data.

Mr. Hausman submitted edits to Ms. Canfield regarding the Request for Proposals.

MOTION: Ms. Ruesch moved to approve the REQUEST FOR PROPOSALS, “EVALUATION CAPACITY BUILDING” PROJECT FOR THE COUNTY OF CHAMPAIGN, RFP Number 2022-010 with the edits discussed at the meeting Dr. Robin seconded the motion. A roll call vote was taken and the motion passed unanimously.

OLD BUSINESS:

I/DD Special Initiatives Fund Allocation Priorities for 2023:

A Decision Memorandum was included in the packet. The purpose of the memorandum was to recommend 2023 (Program Year 2024) allocation decision support criteria and funding priorities for the CILA Project Fund, authority for which is shared by the Champaign County Developmental Disabilities Board (CCDDB) and Champaign County Mental Health Board (CCMHB). Funding priorities and decision support criteria are a framework for how contracts with service providers further the mission and goals of the Boards. Staff recommendations are based on Board and stakeholder input and our understanding of best practices and state/federal service and payment systems. On July 20, CCDDB and CCMHB members reviewed an initial draft, which was then be distributed to providers, family members, advocates, and stakeholders, for comments. This final draft incorporates feedback from Board and staff members and the public.

Priority areas and overarching considerations will be used as discriminating factors which influence final allocation decision recommendations. The CCDDDB and CCMHB use 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.

Criteria described in this memorandum are to be used as guidance by the Boards in assessing applications for funding. They are not the sole considerations in final funding decisions. Other considerations include the judgment of the Boards and staff, evidence of the provider's ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCDDDB/CCMHB CILA Project funds, applications must reflect the Boards' stated goals, objectives, operating principles, and public policy positions; downloadable versions of these Board documents are available on the public page of the online application and reporting system, at <https://ccmhddbrds.org>.

Final decisions rest with the CCDDDB and CCMHB and their judgment concerning the most appropriate and effective use of the CILA Project fund, based on assessment of community needs and alignment with decision support criteria. The nature and scope of applications may vary widely and may include treatment 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 I/DD and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the merits of applications using criteria and priorities approved by the CCDDDB and CCMHB. If applications are not responsive to the criteria and priorities described in this memorandum, the CCDDDB and CCMHB may choose to set aside funding to support RFPs with prescriptive specifications to address them. In that event, the CCDDDB and CCMHB may also seek out qualified organizations to develop contracts addressing the relevant priority area.

MOTION: Dr. Robin moved to approve the I/DD Special Initiatives (formerly CILA Facilities) Fund 2023 Allocation Priorities and Decision Support Criteria as described in the memorandum. Ms. Sprandel seconded the motion. A roll call vote was taken and the motion passed unanimously.

OTHER BUSINESS:

Employment of Executive Director:

MOTION: Dr. Youakim moved to approve a 2023-2024 contract with Executive Director Lynn Canfield. Ms. Niswander seconded the motion. A roll call vote was taken and the motion passed unanimously.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 6:39 p.m.

Respectfully

**Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff**

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



Champaign County, IL

VENDOR INVOICE LIST

INVOICE # P. O. INV DATE CHECK RUN CHECK # INVOICE NET DUE DATE TYPE STS INVOICE DESCRIPTION

1 CHAMPAIGN COUNTY TREASURER

Sep '22 Office Rent	09/01/2022	090222A	9025	2,023.38	09/02/2022	INV	PD	Sep '22 Office Rent
Sep MHB22-006	09/01/2022	090222A	9028	4,702.00	09/02/2022	INV	PD	MHB22-006 Children's Advo
Sep MHB22-025	09/01/2022	090222A	9024	6,362.00	09/02/2022	INV	PD	MHB22-025 Youth Assessment
Sep MHB23-004	09/01/2022	090222A	9024	4,523.00	09/02/2022	INV	PD	MHB23-004 Homeless Service
Sep MHB23-026	09/01/2022	090222A	9024	28,936.00	09/02/2022	INV	PD	MHB23-026 Early Childhood

100 EMPLOYEE VENDOR

Bowdry 7/14-8/30	08/31/2022	090922A	9329	31.88	09/30/2022	INV	PD	Travel Reimbursement 7/14
Howard 8/10 - 8/30	09/01/2022	090922A	9334	30.88	10/01/2022	INV	PD	Travel reimbursement 8/10
Summerville 9/11-12	08/29/2022	090222A	9184	61.25	09/01/2022	INV	PD	98 Mile 9/11-9/12

10076 ALLISON M BOOT

0013	08/29/2022	090222A	9017	8,000.00	09/01/2022	INV	PD	MHB22-048 Expo Consulting
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10148 COMMUNITY SERVICE CENTER OF NORTHERN

Sep MHB22-008	09/01/2022	090222A	9044	5,717.00	09/02/2022	INV	PD	MHB22-008 Resource Connec
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10163 CRISIS NURSERY

Sep MHB22-005	09/01/2022	090222A	9046	7,500.00	09/02/2022	INV	PD	MHB22-005 Beyond Blue
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10170 DEVELOPMENTAL SERVICES CENTER OF

Sep MHB22-012	09/01/2022	090222A	9051	49,710.00	09/02/2022	INV	PD	MHB22-012 Family Developm
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10175 DON MOYER BOYS & GIRLS CLUB

Sep MHB22-022	09/01/2022	090222A	9052	13,333.00	09/02/2022	INV	PD	MHB22-022 Youth and Famil
Sep MHB22-037	09/01/2022	090222A	9052	9,166.00	09/02/2022	INV	PD	MHB22-037 CUNC
Sep MHB22-15	09/01/2022	090222A	9052	8,333.00	09/02/2022	INV	PD	MHB22-015 C-U Change

10183 ALEXANDER F CAMPBELL

562	09/06/2022	091622A	9461	2,324.83	09/21/2022	INV	PD	Q3 Online system support
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10185 EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR

Sep MHB22-001	09/01/2022	090222A	9053	5,166.00	09/02/2022	INV	PD	MHB22-001 Family Sup & st
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10214 FIRST FOLLOWERS

Sep MHB23-003	09/01/2022	090222A	9062	7,916.00	09/02/2022	INV	PD	MHB23-003 Peer Mentoring
Sep MHB23-034	09/01/2022	090222A	9062	3,291.00	09/02/2022	INV	PD	MHB23-034 First Steps Re-

10242 GROW IN ILLINOIS

11,207.00

Champaign County, IL

VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN CHECK #	INVOICE NET DUE DATE	TYPE	STS	INVOICE DESCRIPTION
Sep MHB23-011		09/01/2022	090222A	9068	10,798.00	09/02/2022	INV PD MHB23-011 Peer Support
10263 I3 BROADBAND - CU							
2546772-1		09/01/2022	090922A	9250	144.95	10/01/2022	INV PD Internet service 10/4/22-
10348 MCS OFFICE TECHNOLOGIES INC							
01-696437		08/30/2022	090922A	500071	33.75	09/29/2022	INV PD Service Ticket #31151 Mic
01-696636		09/01/2022	090922A	500071	495.00	10/01/2022	INV PD MHB22-040 Managed IT Serv
10358 MARTIN ONE SOURCE INC							
420074		08/23/2022	090222A	9101	1,808.00	09/22/2022	INV PD Clip-It Hand Sanitizers -
420340		08/31/2022	090922A	9276	100.00	09/30/2022	INV PD 500 flyers
10423 PEPSI COLA CHAMPAIGN-URBANA BOTTLING							
81106985		08/30/2022	090922A	500072	7.05	09/30/2022	INV PD 5gal water jug
10453 QUILL CORPORATION							
26856820		08/05/2022	090222A	500061	263.20	09/04/2022	INV PD File folder, clips, clamp
26859987		08/05/2022	090222A	500061	79.68	09/04/2022	INV PD Coffee
27614271		09/09/2022	091622A	500104	33.17	10/09/2022	INV PD Dish detergent, paper pla
27618664		09/09/2022	091622A	500104	9.86	10/09/2022	INV PD Paper plates
27640650		09/12/2022	092322A	500127	433.96	10/12/2022	INV PD HP 414A Toner Cartridges
27650079		09/13/2022	092322A	500127	42.52	10/13/2022	INV PD 10x13 Manilla Envelopes
10464 RAPE, ADVOCACY, COUNSELING & EDUCATION SERVICES							
Sep MHB22-002		09/01/2022	090222A	9119	5,250.00	09/02/2022	INV PD MHB22-002 Sex Violence Pr
10488 ROSEGRANCE, INC.							
Sep MHB22-028		09/01/2022	090222A	9127	14,122.00	09/02/2022	INV PD MHB22-028 Specialty Court
Sep MHB23-019		09/01/2022	090222A	9127	6,716.00	09/02/2022	INV PD MHB23-019 Benefits Case M
Sep MHB23-020		09/01/2022	090222A	9127	26,666.00	09/02/2022	INV PD MHB23-020 Criminal Justic
Sep MHB23-023		09/01/2022	090222A	9127	8,333.00	09/02/2022	INV PD MHB23-023 Recovery Home
Sep MHB23-030		09/01/2022	090222A	9127	17,329.00	09/02/2022	INV PD MHB23-030 Crisis Co-Respo
10580 UNITED WAY OF CHAMPAIGN COUNTY							
Q1 FY23 211 Path		09/01/2022	090222A	9147	5,625.00	09/02/2022	INV PD Q1 FY23 211 Path Service
10595 UP CENTER OF CHAMPAIGN COUNTY							
Disability Expo Reg		09/19/2022	092322A	9759	150.00	09/19/2022	INV PD 2022 Pride Fest Booth Fee
Sep MHB22-009		09/01/2022	090222A	9150	7,217.00	09/02/2022	INV PD MHB22-009 Children Youth

5

Champaign County, IL

VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
10638	VISA CARDMEMBER SERVICE				7,367.00				
3930	Statement 9/12	09/19/2022	092322A	9773	220.88	09/19/2022	INV	PD	Doubletree, City of Champ
10683	WIN RECOVERY INC								
Sep	MHB23-069	09/01/2022	090222A	9170	7,773.00	09/02/2022	INV	PD	MHB23-069 Re-Entry and Re
10687	XEROX CORPORATION								
230486355		09/01/2022	090922A	9325	199.06	10/01/2022	INV	PD	053 XeroxServicesMasterag
18092	COURAGE CONNECTION								
Sep	MHB23-007	09/01/2022	090222A	9045	10,583.00	09/02/2022	INV	PD	MHB23-007 Courage Connect
18148	THE WELL EXPERIENCE								
Sep	MHB23-068	09/01/2022	090222A	9142	8,333.00	09/02/2022	INV	PD	MHB23-068 Family Services
18254	CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER								
Sep	MHB22-029	09/01/2022	090222A	9031	2,750.00	09/02/2022	INV	PD	MHB22-029 Mental Health C
18259	CHAMPAIGN COUNTY HEALTH CARE CONSUMERS								
Sep	MHB22-044	09/01/2022	090222A	9034	6,689.00	09/02/2022	INV	PD	MHB22-044 CHW Outreach an
Sep	MHB22-045	09/01/2022	090222A	9034	6,449.00	09/02/2022	INV	PD	MHB22-045 Justice Involvement
Sep	MHB23-066	09/01/2022	090222A	9034	5,958.00	09/02/2022	INV	PD	MHB23-066 Disability Appl
18305	CUNNINGHAM CHILDRENS HOME				19,096.00				
Sep	MHB 23-018	09/01/2022	090222A	9047	10,604.00	09/02/2022	INV	PD	MHB23-018 ECHO Housing an
Sep	MHB23-036	09/01/2022	090222A	9047	33,174.00	09/02/2022	INV	PD	MHB23-036 Families Strong
18343	FAMILY SERVICE OF CHAMPAIGN COUNTY				43,778.00				
Sep	MHB22-014	09/01/2022	090222A	9057	2,500.00	09/02/2022	INV	PD	MHB22-014 Counseling
Sep	MHB22-016	09/01/2022	090222A	9057	2,410.00	09/02/2022	INV	PD	MHB22-016 Self-Help Cente
Sep	MHB22-017	09/01/2022	090222A	9057	13,529.00	09/02/2022	INV	PD	MHB22-017 Senior Counselor
Sep	MHB23-010	09/01/2022	090222A	9057	2,083.00	09/02/2022	INV	PD	MHB23-010 Creative Social
18412	TERRAPIN STATION SOBER LIVING NFP INC				20,522.00				
Sep	MHB23-067	09/01/2022	090222A	9141	5,083.00	09/02/2022	INV	PD	MHB23-067 Recovery Home
18805	C-U AT HOME								
Sep	MHB23-021	09/01/2022	090222A	9019	21,391.00	09/02/2022	INV	PD	MHB23-021 Shelter CM

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Champaign County, IL



VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN CHECK #	INVOICE NET DUE DATE	TYPE	STS	INVOICE DESCRIPTION
1340	19275 BLUE DRAGON SIGNS	09/09/2022	091622A	237.30 09/24/2022	INV	PD	Expo window clings
3455	19281 BIG BIG PROJECT MEDIA LLC	08/23/2022	092322A	200.00 10/12/2022	INV	PD	DISABILITY Resource Expo
				200.00			
				412,950.60			

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#10.A.



BRIEFING MEMORANDUM

DATE: October 19, 2022
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: DRAFT PY2024 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 2024, July 1, 2023 to June 30, 2024. Funding priorities and decision support criteria are a framework for how contracts with service providers further the mission and goals of the Board. Initial draft staff recommendations are based on Board input and our understanding of best practices and state/federal service and payment systems. This memorandum is presented for Board consideration and will be distributed to providers, family members, advocates, and stakeholders with a request for comments. A final draft incorporating feedback will be presented for Board review and approval.

Statutory Authority:

The Illinois Community Mental Health Act (405 ILCS 20/ Section 0.1 et. seq.) is the basis for CCMHB policies. All funds shall be allocated within the intent of the controlling act, per the laws of the State of Illinois. CCMHB Funding Requirements and Guidelines require annual review of the decision support criteria and priorities to be used in the allocation process which results in contracts for services from July 1 to June 30. Upon approval, this memorandum becomes an addendum to the Funding Guidelines, incorporated in standard operating procedures.

Assessed Needs of Champaign County Residents:

In 2021, CCMHB and Champaign County Developmental Disabilities Board (CCDDB) staff engaged in a community needs assessment process. Survey respondents commented on strengths and shortcomings of Champaign County, with as much praise for green spaces as concern about gun violence and homelessness. Some enjoy many recreational, social, educational, and work opportunities, and some have no access. Comments highlight how differently the community is experienced by different residents. https://www.co.champaign.il.us/mhbddb/PDFS/Full_2021_Community_Needs_Report_ENGLISH.pdf

Board staff collaborated with other organizations on the 2022 Community Health Plan, for which Champaign County survey respondents once again placed behavioral health issues and gun/community violence as high priorities.

https://www.co.champaign.il.us/mhbddb/PDFS/Champaign_County_2022.pdf

Regarding mental health, substance use, I/DD, and other supports, CCMHB/CCDDB survey results and those of other local entities have been consistent with previous findings and those of communities across the country. Respondents mention barriers to care: long waiting lists, lack of clear resource information, not enough providers who accept Medicaid and Medicare, distrust in providers and negative prior experiences, limited ability to pay, transportation or internet barriers, and stigma.

Because the populations of greatest interest are small and not always interested in filling out forms or answering personal questions, CCMHB/CCDDB staff continued to seek qualitative data through small-scale surveys in 2022, of summer youth program participants, their staff, early childhood providers, and self-advocates with I/DD.

Key findings from the survey of **youth attending programs** were: most were happy (68.5%) or excited (20.4%) to attend; some focused on learning (30%) and most valued being with friends (85.5%), enjoying field trips, swimming, and sports; and each had helped someone else (e.g., with homework, anti-bullying, support to the homeless).

Key findings from the **youth program staff** were: they felt well-suited for the work; they were comfortable in difficult situations and could ask supervisors for help; they enjoyed much of what the youth enjoyed, including helping others; and a majority were new to the work (56%). Those with more experience saw themselves as leaders and mentors.

A survey was created to understand the continuing education preferences of **early childhood providers**, regardless of whether funded by either Board. Due to the low response rate, we will rely on post-workshop feedback to learn what will support these providers and the families and children they serve.

The support needs of **people with I/DD** are tracked through the Illinois Department of Human Services' Prioritization of Urgency or Needs for Services (PUNS) database. An August 2022 report shows that Champaign County residents seek: transportation, personal support, behavioral support, speech therapy, vocational or other structured activities, individual supports, occupational therapy, assistive technology, out-of-home residential services, 24-hour respite, home or vehicle modifications, and intermittent nursing services in the home.

Through a contract with the CCDDB, the Independent Service Unit inquires about other preferences. During PY2022, eligible residents expressed interest in working or volunteering in the community, joining a club or group, going out to eat, visiting parks, festivals, recreational, sporting events, zoos, aquariums, museums, theatres, shopping, and movies, all activities enjoyed by other community members prior to the pandemic.

The **self-advocate satisfaction survey** conducted by Board staff and intern in summer 2022 echoed these findings and added that people liked their current supports and staff.

Operating Environment:

In addition to consideration of preferences and needs of Champaign County residents, CCMHB allocation priorities and decision support criteria are developed within a current and likely future operating environment and the constraints or opportunities it presents. Because other pay sources may be available for desired supports, care is taken to avoid supplanting other publicly funded systems and to advocate for improvements in those systems on behalf of our community. An example of recent advocacy would lift a Medicaid restriction so that those who are in jail and not yet adjudicated could continue to use their Medicaid coverage for health and behavioral health services; see <https://www.naco.org/resources/medicaid-inmate-exclusion-policy-miep-advocacy-toolkit>. While this would not lower high rates of incarceration of people who would benefit from behavioral health services, it would alleviate a large cost burden on counties.

Impacts of the COVID-19 pandemic continue, including that it deepened existing flaws in the social service and healthcare systems and caused the greatest harm to those who were already not well-served. Much of the Operating Environment described in previous memoranda remains relevant, with problems intensified:

- Pre-pandemic challenges for people with a mental illness (MI), substance use disorder (SUD), or intellectual and developmental disability (I/DD) and those involved in their care: insufficient state/federal funding of safety net systems; accelerated loss of provider capacity; long waiting lists; inflexible rules; hard-to-navigate systems, especially when in crisis; complicated benefits; and disparities in access and care.
- The pandemic harmed people with MI, SUD, or I/DD more than those without.
- The formal service system was already not meeting needs, let alone increased needs of these individuals, unpaid caregivers, children and young adults, and members of racial and ethnic and gender minorities.
- The formal system might not stretch to support those newly struggling with alcohol and drug use, anxiety, depression, and suicidal ideation.
- Many newly eligible for Medicaid may find it and the system of publicly funded care hard to navigate without support.
- The formal system should stay flexible as the pandemic's long-term effects manifest (e.g., telehealth, social determinants of behavioral health, trauma-informed systems, to recover from grief, social isolation, and financial insecurity).
- Increased attention to behavioral health could decrease stigma in access and care.

See PY2023 priorities memo, pages 64-75 of the CCMHB December 2021 board packet: https://www.co.champaign.il.us/mhbddb/agendas/mhb/2021/211215_Meeting/211215_Agenda.pdf

For 2022, we can add to the list even more distress associated with climate disaster and displacement, political division, economic instability, social isolation, neurological impacts of 'long COVID', and grief related to excess mortality from COVID, gun

violence, substance use disorder, and suicide. While COVID was the fifth leading cause of death in Champaign County, compared to third across the state and country, we were not protected from increased rates of suicide and opioid overdose deaths.

As the state and federal legislatures consider solutions within the limitations of an election season, our safety net systems might not become as robust or responsive as hoped. The near future may be harder to predict and prepare for than ever, but social connection and empathy are tools we can use. Social isolation is not a new concern to those with MI, SUD, or I/DD, but it has caught the attention of the healthcare system, appearing to have a role in the progression of ‘diseases of despair’ (e.g., depression and substance use disorder), other health conditions, and resulting deaths. Isolation and loneliness undermine empathy, memory, and mental and physical health. In “Capturing the Truth Behind Causes of Death,” Dr. Perissinotto of University of California, San Francisco calls for cross-sector investigation. See <https://www.endsocialisolation.org/cesil-blog/capturing-the-truth-behind-causes-of-death>.

Community-based care is a promising solution to the country’s mental health crisis, if and when that care is adequately funded and available to all. Until the larger systems reach those goals, local funding is useful and may even address underlying causes. Anxiety and depression are appropriate responses to stress, uncertainty, and trauma. Champaign County has certain assets which may be mobilized to help all members of the community recover and thrive: trauma-informed system groundwork, many natural spaces and opportunities (as mentioned in 2021 surveys), a system of urban and rural public libraries, many peer support networks and non-profit organizations which have emerged in response to the community’s specific concerns, a spirit of helpfulness, cross-system collaborative entities, a demonstration Certified Community Behavioral Health Clinic, an established Federally Qualifying Health Center, growing cultural and linguistic diversity, this public trust fund, and more.

In spite of the complicated operating environment and new support needs, the CCMHB can respond through direct funding of agencies, identification of other resources, promotion of system innovation, coordination of providers or across systems, community awareness efforts, resource information, and policy advocacy. The CCMHB has an interest in supports and services which improve outcomes for people and promote a healthier, more inclusive community, especially where these approaches are not covered by other payors or are not available to eligible individuals.

Program Year 2024 CCMHB Priorities:

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

Priority – Safety and Crisis Stabilization

Community-based behavioral healthcare reduces reliance on institutional care as well as on counterproductive encounters with law enforcement or other systems which were not designed to treat serious mental illness or addiction issues. Qualified professionals, including certified peer supporters, should engage people where they are and connect them to care and away from criminalization or containment. The safety of individuals in crisis, their families, and members of their community are all important. Without a crisis response continuum that includes deflection to effective intervention and treatment, people suffer, and the public systems are stressed. Local efforts to fill such gaps may be expanded during PY2024 thanks to new state and federal rules and funding opportunities, and new programs should connect to existing efforts for maximum impact and sustainability. Mobile crisis response, co-response, and follow-up approaches are being piloted, in collaboration with law enforcement and other local government. Where public safety and public health interests are served, co-funding by appropriate entities will amplify efforts and ensure we are not duplicating or interfering with similar work.

Programs should improve health and quality of life, reduce contact with law enforcement and incarceration, reduce hospitalization and unnecessary emergency department visits, decrease length of stay in jails and hospitals, increase access to appropriate community-based treatments, and facilitate transition to the community. Programs might:

- Deflect from hospitalization, arrest, booking, or charging by engaging with intensive case management, such as models which may be funded by the state of Illinois (Assertive Community Treatment, Community Support Team).
- Build on the new 988 call system through enhanced crisis response (assessments, crisis triage) which connects people to appropriate treatments and benefits enrollment which to secure ongoing care.
- Coordinate across systems, with and on behalf of people who have justice system involvement, history of crisis or hospitalization, or chronic housing instability as a result of mental illness or substance use disorder, e.g., transition support at the jail or upon re-entry from jail or prison, Specialty Court services.

Priority- Healing from Interpersonal Violence

Previously under the Crisis priority were services focused on victims/survivors of domestic violence, sexual assault, or child abuse/neglect. These programs improve health and success for survivors, respond to the crisis when the person is ready, reduce the stigma and isolation associated with such experiences, and disrupt cycles of violence. To ensure trauma-informed care and crisis response for people who have experienced interpersonal or community violence, programs might:

- Amplify state-funded services and supports to address increased needs or to serve those who are not covered by another pay source.
- Fill gaps where other funding does not exist, such as for violence prevention education or linkage and coordination of resources preferred by the individual.

Priority – Closing the Gaps in Access and Care

Outdated regulations, vanishing provider capacity, labyrinthine benefit enrollment and resource information, limited transportation, language proficiency and preference, and

stigma are barriers to access and care. Inadequate safety net systems have led to loss of health and life. Countering these and other barriers to care can improve services to individuals, community awareness, advocacy, coordination, and resource information, even while some of the sought-after treatment resources are core traditional mental health and substance use disorder services primarily funded by the state and federal partnership. *Problems in living* are compounded by social isolation, financial and housing insecurity, and even by the stress of attempting to access resources. The social determinants of health (housing, employment, healthy food, etc.) impact behavioral health but have not been the 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. To connect people to services they seek and those which can be billed to other payors, or to support innovations which are not otherwise funded, programs might:

- Individualize wellness and recovery supports, including through home visits, transportation, language services, specialized case management (in some cases as match for supportive housing).
- Assist with benefits enrollment, especially by enrollment specialists and system navigators, outreach and education, and benefits counseling, such as SSI/SSDI Outreach, Access, and Recovery (SOAR).
- Extend core behavioral health treatments to those with severe mental illness or substance use disorder who are currently without insurance coverage.
- Assist people managing ‘problems in living’, through employment or independent living support, social connections for seniors, support for paid and unpaid caregivers, suicide prevention education, self-advocacy training, etc.
- Nurture individual and collective empathy, resilience, recovery, and wellness through peer support and mentoring or through groups which foster creativity and sharing of creative efforts, stress reduction through physical activity, music, etc.
- Reduce negative mental health impacts of racial trauma through educational or treatment programs specifically designed for this purpose.

Priority – Thriving Children, Youth, and Families

To improve mental health and well-being of children, youth, and families, supports should avoid criminalizing behavioral and developmental issues and should embody the System of Care principles. Strength-based, well-coordinated, family-driven, person-centered, trauma-informed, and culturally responsive supports and services will help children and their families thrive. 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. Programs might:

- Offer peer support, mentoring, coordination, and advocacy support through family-driven, youth-guided organizations.
- Amplify the impact and reach of behavioral health supports through partnerships such as the Champaign County Community Coalition (youth) or the Home Visitors Consortium (young children).
- Create and expand opportunities for girls, young women, and youth of any gender, similar to the established successful programs for boys and young men.

- Expand trauma-informed system capacity, to help the community recover from the worst impacts of the global pandemic, focusing on those children, youth, and families who experienced disproportionate losses of health and security.

For youth with multi-system involvement and serious emotional disturbance, programs should reduce encounters with law enforcement and increase engagement with positive supports. Programs may focus on prevention education, youth social-emotional development, summer or after-school programming that matches with individual preferences, and support intended to mitigate the harm caused by community violence and trauma. Where these 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 providers through a Home Visitors Consortium has led to a “no wrong door” approach for very young children and their families, with self-determined and strengths-based planning and attention to Adverse Childhood Experiences. Programs may also serve children who have an identified developmental delay, disability, or risk and 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 PY2024 will likely total \$807,494 (PY2023 amount of \$746,188 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 PY2024, 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, might:

- Coordinate home-based services addressing all areas of development and taking into consideration the qualities and preferences of the family.
- Provide early identification of delays through consultation with childcare providers, pre-school educators, medical professionals, and other providers.
- Strengthen personal and family support networks through coaching, education, and facilitation.
- Identify and mobilize individual and family gifts and capacities, to access community associations and learning spaces.

Other applications submitted to the CCDDDB for funding and aligned with the CCDDDB priorities may be of interest to the CCMHB and result in CCMHB contracts for services.

Another important collaboration of the Boards is through the new “I/DD Special Initiatives” Fund, which focuses on shorter-term special projects intended to bolster the local system of services. Priority areas identified for that fund are:

- Strengthening the DSP Workforce
- Individual Supports to Underserved People
- Community Education and Advocacy
- Housing Supports

Due to overlap between these and CCDDDB priorities, an applicant should consider that: long term supports and services may be more appropriately funded by the CCDDDB of CCMHB; short term projects piloting an approach or purchasing non-service supports may be more appropriately funded by the I/DD Special Initiatives Fund; agencies seeking a specific exception to requirements typical of CCDDDB and CCMHB funding but offering unique solutions may be more appropriately funded by I/DD Special Initiatives.

Overarching Considerations:

Eliminating Disparities in Access and Care

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 (SAMHSA). 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 had especially harmful impacts on members of racial and ethnic minorities and deepened the inequity. Applications should address early identification and treatment for members of these 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 all 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 applicant for funding. 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). Technical assistance is also available through CCMHB staff.

Promoting Inclusion and Reducing Stigma

Applications should describe how the proposed service or support increases inclusion or reduces the stigma associated with behavioral health disorders or I/DD. Stigma limits people’s participation, inhibits economic self-sufficiency, increases vulnerability, and

may drive inadequate State and Federal support for effective community-based care. Stigma harms communities and individuals, especially those who have been excluded due to sexuality, gender, race, ethnicity, immigrant/refugee/asylee status, preferred or first language, or disability. People are safer when they have routine contacts with others, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation activities, or other social clubs/networks. Positive community involvement helps build empathy, redefine our sense of group identity, reduce stress, and decrease stigma. Young adults are at risk due to brain development, social and academic pressure, and fear of being exposed as having a behavioral health condition. Nationally, increases in suicide and substance use disorders among members of farming communities call for improved awareness wherever traditional services are lacking but where informal networks of support can be strengthened. Recognizing that lives are lost when stigma keeps people from 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 increased the stigma associated with MI and SUD.

Outcomes

Applications should identify measures of access for people seeking to participate in the program and the outcomes expected to result from this participation. Because defining and measuring outcomes of value can be challenging, the Board has offered support through a research project, with training and technical assistance, online resource bank, workshops, and a template for year-end reports. Continuation or expansion of that support is being sought for PY24. 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 are common, behavioral health and I/DD programs may ask if people's lives are better as a result. Outcomes reflect what people want and demonstrate a program's successes.

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 similar missions. An application might propose to share infrastructure, such as office space, data systems, and professional services, to support the common goals and improve administrative functions

such as bookkeeping and reporting. Strategies to strengthen and stabilize the workforce would be appropriate for collaboration across agencies. 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. Another collaboration of interest would be the coordination of internet 'access and use' efforts with other local broadband projects, to increase efficiency and impact and to ensure these innovations also benefit people with MI, SUD, or I/DD.

Budget and Program Connectedness

Applications include a Budget Narrative which should explain the relationship between anticipated costs and program components, clarifying 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 to secure long-term sustainability and to ensure that CCMHB funding does not supplant other public funding.

Person Centered Planning

Every person who participates in a program should have the opportunity to collaborate on their service plan. Person Centered Planning (PCP) is well-defined for people with I/DD, for full compliance with Medicaid rules. The Illinois Department of Human Services – Division of Developmental Disabilities recently revised its guidelines and forms, which can be found here: <https://www.dhs.state.il.us/page.aspx?item=96986>.

Applications should describe the service planning process to be used and how it relates what people indicate that they want and need to the specific services in their plan. A shared decision-making process centers the person and strikes a balance between what is important to a person and what is important for a person. An individual's plan should be responsive to their preferences, needs, and cultural values, helping them recognize and develop their own strengths and abilities, especially toward desired outcomes. Recovery-oriented behavioral health services support people toward greater self-determination, as autonomy, competence, and connection to others increase well-being.

Added Value and Uniqueness

Applications should identify unique approaches, staff qualifications, and 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, in order to be considered for funding.
- Staff Credentials: Highlight staff credentials and specialized training.
- Resource Leveraging: 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 application Budget Narrative.

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 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. *The Payer of Last Resort principle is described in CCMHB Funding Requirements and Guidelines.*
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 continuation of services during a public health emergency. Programs should build on their successes with technology and virtual platforms, increasing training and access for staff and people served.
7. An applicant should be prepared to demonstrate their capacity for financial clarity, especially if they have answered ‘no’ to any question in the ‘Organization Eligibility Questionnaire’ (completed during registration) or do not have a recent independent audit report without findings of concern.

To preserve the CCMHB’s emphasis on PY2024 criteria, applications should align with one or more of the priorities above. Applications should describe the relationship between proposed services and mental health conditions, substance use disorders, or I/DD. Those seeking continued funding for a program are encouraged to review PY2023 program summaries and board discussions of those prior applications, as observations made during the review cycle may impact PY2024 requests for funding.

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. *There are changes in the PY2024 application forms, so that any applicant seeking to submit a 'continuing' program should carefully review forms for accuracy if copied from PY2023.*

Criteria described in this memorandum are intended as guidance for the Board in assessing requests 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 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 2024 but later than July 1, 2023, 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, 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 have 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 through this process may be renegotiated and/or amended 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.

CCMHB 2022-2023 Meeting Schedule

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

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

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

September 21, 2022 – Shields-Carter Room

September 28, 2022 – *Special Joint Mtg with CCDDDB* - Shields-Carter Room

October 19, 2022 – Shields-Carter Room

October 26, 5:45PM – *study session with CCDDDB* - Shields-Carter

November 16, 2022 – Shields-Carter Room (*off cycle*)

December 21, 2022 – Shields-Carter Room (*off cycle*) – *tentative*

January 18, 2023 – Shields-Carter Room

January 25, 2023 – *study session* - Shields-Carter Room

February 15, 2023 – *Special Joint Mtg with CCDDDB* - Shields-Carter Room

February 22, 2023 – Shields-Carter Room

March 22, 2023 – Shields-Carter Room (*Ramadan begins*)

March 29, 2023 – *study session* - Shields-Carter Room

April 19, 2023 – Shields-Carter Room

April 26, 2023 – *study session* - Shields-Carter Room

May 17, 2023 – *study session* - Shields-Carter Room

May 24, 2023 – Shields-Carter Room

June 21, 2023 – 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.

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 2022-2023 Meeting Schedule

9:00AM Wednesday after the third Monday of each month

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

<https://us02web.zoom.us/j/81559124557> 312-626-6799, Meeting ID: 815 5912 4557

September 21, 2022 – Shields-Carter Room

September 28, 2022 5:45PM – Shields-Carter Room – *special joint meeting with CCMHB*

October 19, 2022 – Shields-Carter Room

October 26, 2022 5:45PM – Shields-Carter Room – *study session with CCMHB*

November 16, 2022 - Shields-Carter Room

December 21, 2022 – Shields-Carter Room

January 18, 2023 – Shields-Carter Room

February 15, 2023 5:45PM – Shields-Carter Room – *special joint meeting with CCMHB*

February 22, 2023 – Shields-Carter Room

March 22, 2023 – Shields-Carter Room (*Ramadan begins*)

April 19, 2023 – Shields-Carter Room

May 17, 2023 – Shields-Carter Room

June 21, 2023 – 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/DDDBMeetingDocs.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 - 2022 Meeting Schedule with Subjects, Agency and Staff Deadlines, and Allocation Timeline for PY23

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 PY22 agency contracts. **Meetings and study sessions are scheduled to begin at 5:45PM; these may be confirmed by Board staff.**

- 1/3/22 Online system open for applications for PY23 funding*
- 1/19/22 Regular Board Meeting**
- 1/26/22 Study Session: Mid-Year Program Presentations**
- 1/28/22 Agency PY22 2nd Quarter and CLC progress reports due*
- 1/31/22 Deadline for updated agency eligibility questionnaires*
- 2/11/22 Deadline for submission of applications for PY23 funding (Online system will not accept any forms after 4:30PM.)*
- 2/16/22 Study Session: Mid-Year Program Presentations**
- 2/16/22 List of Requests for PY2023 Funding assembled*
- 2/23/22 Regular Board Meeting**
Discussion of Board Members' Review of Proposals;
Mid-year updates on new agency programs
- 3/23/22 Regular Board Meeting: FY2021 Annual Report**
- 4/13/22 Program summaries released to Board, 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, 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, Election of Officers
- 6/24/22 *Deadline for agency application/contract revisions
Deadline for agency letters of engagement w/ CPA firms
PY2023 agency 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 Quarter 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
Evaluation Capacity Building Project Report
- 9/28/22 **Special Joint Meeting with the CCDDDB**
Authorize Release of RFP
Finalize I/DD Special Initiative Priorities for PY24
- 9/30/22 *RFP posted and advertised*
- 10/19/22 **10AM – RFP Pre-Proposal conference**
*Will take place directly after the regular meeting of the
CCDDDB, at their regular location and link*

- 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
- 11/21/22 *Final Date to Issue RFP Addenda, if any*
- 12/11/22 *Public Notice of Funding Availability to be published by
date, giving at least 21-day notice of application period*
- 12/21/22 *RFP Proposals due at Noon*
- 12/21/22 **Regular Board Meeting (off cycle)**
Opening of RFP Proposals, 5:30PM directly before the
regular meeting of the CCMHB, at the same location/link
- 12/31/22 *Agency Independent Audits, Reviews, Compilations due*
- 1/2/23 *Online system opens for applications for PY24 funding*

IMPORTANT DATES - 2023 Meeting Schedule with Subjects, Agency and Staff Deadlines, and Allocation Timeline for PY24

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 PY24 and deadlines related to PY22 and PY23 agency contracts. **Meetings and study sessions are scheduled to begin at 5:45PM and may be confirmed by Board staff.**

- 1/2/23 *Online system open for applications for PY24 funding*
- 1/18/23 **Regular Board Meeting**
- 1/25/23 **Study Session:** Mid-Year Program Presentations
- 1/27/23 *Agency PY23 2nd Quarter and CLC progress reports due*
- 2/10/23 *Deadline for submission of applications for PY24 funding
(Online system will not accept any forms after 4:30PM)*
- 2/15/23 **Special Joint Meeting with CCDDDB**
RFP Review Committee Recommendations
- 2/22/23 **Regular Board Meeting**
List of Requests for PY2024 Funding assembled
- 3/1/23 *If approved, new Evaluation Capacity contract issued*
- 3/22/23 **Regular Board Meeting:** 2022 Annual Report
- 3/29/23 **Study Session**
- 4/12/23 *Program summaries released to Board, posted
online with CCMHB April 19 meeting agenda and packet*
- 4/19/23 **Regular Board Meeting**
Board Review, Staff Summaries of Funding Requests

- 4/26/23 **Study Session**
Board Review, Staff Summaries of Funding Requests
- 4/28/23 *Agency PY2023 3rd Quarter Reports due*
- 5/10/23 *Allocation recommendations released to Board, posted
online with CCMHB May 17 study session agenda packet*
- 5/17/23 **Study Session:** Allocation Recommendations
- 5/24/23 **Regular Board Meeting**
Allocation Decisions; Authorize Contracts for PY2024
- 6/1/23 *For contracts with a PY23-PY24 term, all updates to
Cloned PY24 forms should be completed and submitted
by this date.*
- 6/17/23 *Deadline for agency application/contract revisions
Deadline for agency letters of engagement w/ CPA firms
PY2024 agency contracts completed*
- 6/21/23 **Regular Board Meeting**
Draft FY2024 Budget, Election of Officers
- 6/30/23 *Agency Independent Audits, Reviews, or Compilations due
(only applies to those with calendar FY, check contract)*
- 7/19/23 **Regular Board Meeting**
- 8/16/23 **Regular Board Meeting - tentative**
- 8/25/23 *Agency PY2023 4th Quarter reports, CLC progress
reports, and Annual Performance Measure Reports due*
- 9/20/23 **Regular Board Meeting**
Draft Three Year Plan 2022-2024 with 2024 Objectives
- 9/27/23 **Study Session**
- 10/18/23 **Regular Board Meeting**
Release Draft Program Year 2025 Allocation Criteria

- 10/25/23 **Joint Study Session with CCDDDB**
- 10/27/23 *Agency PY2024 First Quarter Reports due*
- 11/15/23 **Regular Board Meeting (off cycle)**
Approve Three Year Plan with One Year Objectives
Allocation Decision Support – PY25 Allocation Criteria
- 12/10/23 *Public Notice of Funding Availability to be published by
date, giving at least 21-day notice of application period.*
- 12/20/23 **Regular Board Meeting (off cycle) – tentative**
- 12/31/23 *Agency Independent Audits, Reviews, Compilations due*
- 1/2/24 *Online system opens for applications for PY25 funding*

Agency and Program Acronyms

BLAST – Bulldogs Learning and Succeeding Together, a program of Mahomet Area Youth Club

CC – Community Choices

CCCAC or CAC – (Champaign County) Children’s Advocacy Center

CCCHC – Champaign County Christian Health Center

CCDDB or DDB – Champaign County Developmental Disabilities Board

CCHCC – Champaign County Health Care Consumers

CCHS – Champaign County Head Start, a department of the Regional Planning Commission (also CCHS-EHS, for Head Start-Early Head Start)

CCMHB or MHB – Champaign County Mental Health Board

CCRPC or RPC – Champaign County Regional Planning Commission

CN - Crisis Nursery

CSCNCC - Community Service Center of Northern Champaign County, may also appear as CSC

CU TRI – CU Trauma & Resiliency Initiative, affiliated with the Champaign Community Coalition and CUNC, funded through Don Moyer Boys & Girls Club

Courage Connection – previously The Center for Women in Transition

DMBGC - Don Moyer Boys & Girls Club

DREAAM – Driven to Reach Excellence and Academic Achievement for Males

DSC - Developmental Services Center

ECHO – a Housing and Employment Support program of Cunningham Children’s Home

ECIRMAC or RAC – East Central Illinois Refugee Mutual Assistance Center, also The Refugee Center

ECMHS - Early Childhood Mental Health Services, a program of Champaign County Regional Planning Commission Head Start Department

FD – Family Development, previously Family Development Center, a DSC program

FS - Family Service of Champaign County

FST – Families Stronger Together, a program of Cunningham Children’s Home

GAP – Girls Advocacy Program, a program component of the Psychological Service Center.

IAG – Individual Advocacy Group, Inc., a provider of I/DD services

JDP – Justice Diversion Program, a Regional Planning Commission program

MAYC - Mahomet Area Youth Club

MRT – Moral Reconciliation Therapy, a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning.

NAMI – National Alliance on Mental Illness

PATH – regional provider of 211 information/call services

PEARLS - Program to Encourage Active Rewarding Lives

PHC – Promise Healthcare

PSC - Psychological Services Center (University of Illinois)

RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

RACES – Rape Advocacy, Counseling, and Education Services

RCI – Rosecrance Central Illinois

RPC or CCRPC – Champaign County Regional Planning Commission

UNCC – Urbana Neighborhood Community Connections Center

UP Center – Uniting Pride

UW or UWCC – United Way of Champaign County

WIN Recovery – Women in Need Recovery

YAC – Youth Assessment Center. Screening and Assessment Center developed by the Champaign County Regional Planning Commission-Social Services Division with Quarter Cent funding.

Glossary of Other Terms and Acronyms

211 – Similar to 411 or 911. Provides telephone access to information and referral services.

ABA – Applied Behavioral Analysis. An intensive behavioral intervention targeted to autistic children and youth and others with associated behaviors.

ACA – Affordable Care Act

ACEs – Adverse Childhood Experiences

ACMHAI – Association of Community Mental Health Authorities of Illinois

ADL- Activities of Daily Living

A/N- Abuse and Neglect

ANSA – Adult Needs and Strengths Assessment

APN – Advance Practice Nurse

ARMS – Automated Records Management System. Information management system used by law enforcement.

ASAM – American Society of Addiction Medicine. May be referred to in regards to assessment and criteria for patient placement in level of treatment/care.

ASD – Autism Spectrum Disorder

ASQ – Ages and Stages Questionnaire. Screening tool used to evaluate a child's developmental and social emotional growth.

ATOD – Alcohol, Tobacco and Other Drugs

CADC – Certified Alcohol and Drug Counselor, substance abuse professional providing clinical services that has met the certification requirements of the Illinois Alcoholism and Other Drug Abuse Professional Certification Association.

CALAN or LAN – Child and Adolescent Local Area Network

CANS – Child and Adolescent Needs and Strengths. The CANS is a multi-purpose tool developed to support decision making, including level of care, service planning, and monitoring of outcomes of services.

CBCL – Child Behavior Checklist

CBT- Cognitive Behavioral Therapy

CC – Champaign County

CCBoH – Champaign County Board of Health

CCMHDDAC or MHDDAC – Champaign County Mental Health and Developmental Disabilities Agencies Council

CDC – federal Centers for Disease Control and Prevention

CDS – Community Day Services, day programming for adults with I/DD, previously Developmental Training

C-GAF – Children’s Global Assessment of Functioning

CHW – Community Health Worker

CILA – Community Integrated Living Arrangement, Medicaid-waiver funded residential services for people with I/DD

CIT – Crisis Intervention Team; law enforcement officer trained to respond to calls involving an individual exhibiting behaviors associated with mental illness.

CLC – Cultural and Linguistic Competence

CLST – Casey Life Skills Tool

CMS – federal Centers for Medicare and Medicaid Services

CQL – Council on Quality and Leadership

CRT – Co-Responder Team; mobile crisis response intervention coupling a CIT trained law enforcement officer with a mental health crisis worker.

CSEs - Community Service Events. Is a category of service measurement on the Part II utilization form and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application/program plan. It relates to the number of public events (including

mass media and articles), consultations with community groups and/or caregivers, classroom presentations, and small group workshops to promote a program or educate the community. Activity (meetings) directly related to planning such events may also be counted here. Actual direct service to clientele is counted elsewhere.

CSPH – Continuum of Service Providers to the Homeless

CSPI – Childhood Severity of Psychiatric Illness. A mental health assessment instrument

CY – Contract Year, runs from July to following June. For example CY08 is July 1, 2007 to June 30, 2008. (Also referred to as Program Year – PY). Most contract agency Fiscal Years are also from July 1 to June 30 and may be interpreted as such when referenced in a Program Summary e.g. FY23

CYFS – Center for Youth and Family Solutions (formerly Catholic Charities)

DASA – Division of Alcoholism and Substance Abuse in the Illinois Department of Human Services, renamed as IDSUPR or SUPR

DBT -- Dialectical Behavior Therapy

DCFS – Illinois Department of Children and Family Services.

Detox – abbreviated reference to detoxification. It is a general reference to drug and alcohol detoxification program or services, e.g. Detox Program.

DD – Developmental Disability

DDD or IDHS DDD – Illinois Department of Human Services - Division of Developmental Disabilities

DFI – Donated Funds Initiative, source of matching funds for some CCMHB funded contracts. The Illinois Department of Human Services administers the DFI Program funded with federal Title XX Social Services Block Grant. The DFI is a "match" program meaning community based agencies must match the DFI funding with locally generated funds. The required local match is 25 percent of the total DFI award.

DHFS – Illinois Department of Healthcare and Family Services. Previously known as IDPA (Illinois Department of Public Aid)

DHS – Illinois Department of Human Services

DMH or IDHS DMH – Illinois Department of Human Services - Division of Mental Health

DSM – Diagnostic Statistical Manual

DSP – Direct Support Professional, a certification required for those serving people with I/DD

DT – Developmental Therapy (children), or Developmental Training (adults), now Community Day Services

EAP-- Employee Assistance Program

EBP: Evidence Based Practice

EHR – Electronic Health Record

EI – Early Intervention

EPDS – Edinburgh Postnatal Depression Scale – Screening tool used to identify mothers with newborn children who may be at risk for prenatal depression.

EPSDT – Early Periodic Screening Diagnosis and Treatment. Intended to provide comprehensive and preventative health care services for children under age 21 who are enrolled in Medicaid.

ER – Emergency Room

FACES – Family Adaptability and Cohesion Evaluation Scale

FAST – Family Assessment Tool

FFS – Fee for Service. Type of contract that uses performance-based billings as the method of payment.

FOIA – Freedom of Information Act

FQHC – Federally Qualified Health Center

FTE – Full Time Equivalent is the aggregated number of employees supported by the program. Can include employees providing direct services (Direct FTE) to clients and indirect employees such as supervisors or management (Indirect FTE).

FY – Fiscal Year, for the county runs from December to following November. Changing in 2015 to January through December.

GAF – Global Assessment of Functioning. A subjective rating scale used by clinicians to rate a client's level of social, occupational and psychological functioning. The scale included in the DSM-IV has been replaced in the DSM-V by another instrument.

GAIN-Q - Global Appraisal of Individual Needs-Quick. Is the most basic form of the assessment tool taking about 30 minutes to complete and consists of nine items that identify and estimate the severity of problems of the youth or adult.

GAIN Short Screen - Global Appraisal of Individual Needs, is made up of 20 items (four five-item subscales). The GAIN-SS subscales identify: internalizing disorders, externalizing disorders, substance use disorders, crime/violence.

HBS – Home Based Support, a Medicaid-waiver program for people with I/DD

HCBS – Home and Community Based Supports, a federal Medicaid program

HFS or IDHFS – Illinois Department of Healthcare and Family Services

HIPPA – Health Insurance Portability and Accountability Act

HRSA – Health Resources and Services Administration. The agency is housed within the federal Department of Health and Human Resources and has responsibility for Federally Qualified Health Centers.

I&R – Information and Referral

ICADV – Illinois Coalition Against Domestic Violence

ICASA – Illinois Coalition Against Sexual Assault

ICDVP - Illinois Certified Domestic Violence Professional

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJIA - Illinois Criminal Justice Authority

ID or I/DD – Intellectual Disability or Intellectual/Developmental Disability

IDHFS or HFS – Illinois Department of Healthcare and Family Services

IDHS DDD or DDD – Illinois Department of Human Services - Division of Developmental Disabilities

IDHS DMH or DMH – Illinois Department of Human Services - Division of Mental Health

IDOC – Illinois Department of Corrections

IDSUPR or SUPR – Illinois Division of Substance Use Prevention & Recovery

IM+CANS – The Illinois Medicaid Comprehensive Assessment of Needs and Strengths

IOP – Intensive Outpatient Treatment

IPLAN - Illinois Project for Local Assessment of Needs. The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. Based on the *Assessment Protocol for Excellence in Public Health* (APEX-PH) model, IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

1. an organizational capacity assessment;
2. a community health needs assessment; and
3. a community health plan, focusing on a minimum of three priority health problems.

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JDC – Juvenile Detention Center

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LAN – Local Area Network

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

LGTBQ – Lesbian, Gay, Bi-Sexual, Transgender, Queer

LPC – Licensed Professional Counselor

MBSR -- Mindfulness-Based Stress Reduction

MCO – Managed Care Organization. Entity under contract with the state to manage healthcare services for persons enrolled in Medicaid.

MCR – Mobile Crisis Response. Previously known as SASS. It is a state program that provides crisis intervention for children and youth on Medicaid.

MDT – Multi-Disciplinary Team

MH – Mental Health

MHDDAC or CCMHDDAC – Mental Health and Developmental Disabilities Agencies Council

MHP - Mental Health Professional. Rule 132 term, typically referring to a bachelors level staff providing services under the supervision of a QMHP.

MI – Mental Illness

MI – Motivational Interview

MIDD – A dual diagnosis of Mental Illness and Developmental Disability.

MISA – A dual diagnosis condition of Mental Illness and Substance Abuse

NACBHDD – National Association of County Behavioral Health and Developmental Disability Directors

NACO – National Association of Counties

NMT – Neurodevelopmental Model of Therapeutics

NOFA – Notice of Funding Availability

NTPC – NON - Treatment Plan Clients – This is a new client engaged in a given quarter with case records but no treatment plan - includes: recipients of material assistance, non-responsive outreach cases, cases closed before a plan was written because the client did not want further service beyond first few contacts or cases assessed for another agency. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application. Similar to TPCs, they may be divided into two groups – Continuing NTPCs - clients without treatment plans served before the first day of July and

actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported. Essentially it is a case carried from one program year into the next. The other is New TPCs, the number of new clients in a given quarter of the program year.

NREPP – National Registry of Evidence-based Programs and Practices maintained by Substance Abuse Mental Health Services Administration (SAMHSA)

OCD: Obsessive-Compulsive Disorder

ODD: Oppositional Defiant Disorder

OMA – Open Meetings Act

OUD/SUD – Opioid Use Disorder/Substance Use Disorder

PAS – Pre-Admission Screening

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning

PLAY – Play and Language for Autistic Youngsters. PLAY is an early intervention approach that teaches parents ways to interact with their child who has autism that promotes developmental progress.

PLL – Parenting with Love and Limits. Evidenced based program providing group and family therapy targeting youth/families involved in juvenile justice system.

PPSP – Parent Peer Support Partner

PSR – Patient Service Representative; staff position providing support services to patients and medical staff.

PTSD – Post-Traumatic Stress Disorder

PUNS – Prioritization of Urgency of Need for Services. PUNS is a database implemented by the Illinois Department of Human Services to assist with planning and prioritization of services for individuals with disabilities based on level of need. An individuals' classification of need may be emergency, critical or planning.

PWI – Personal Well-being Index

PY – Program Year, runs from July 1 to following June 30. (Also referred to as Contract Year – CY - and often the Agency Fiscal Year)

QCPS – Quarter Cent for Public Safety. The funding source for the Juvenile Justice Post Detention programming. May also be referred to as Quarter Cent.

QIDP – Qualified Intellectual Disabilities Professional

QMHP – Qualified Mental Health Professional. Rule 132 term, that simply stated refers to a Master's level clinician with field experience that has been licensed.

REBT – Rational Emotive Behavior Therapy

RFI – Request for Information

RFP – Request for Proposals

RTC -- Residential Treatment Center

SA – Substance Abuse

SAD -- Seasonal Affective Disorder

SAMHSA – Substance Abuse and Mental Health Services Administration, a division of the federal Department of Health and Human Services

SASS – Screening Assessment and Support Services is a state program that provides crisis intervention for children and youth on Medicaid.

SBIRT – Screening, Brief Intervention, Referral to Treatment. SAMHSA defines SBIRT as a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

SCs - Service Contacts/Screening Contacts. This is the number of phone and face-to-face contacts with consumers who may or may not have open cases in the program. It can include information and referral contacts or initial screenings/assessments or crisis services. May sometimes be referred to as a service encounter (SE). It is a category of service measurement providing a picture of the volume of activity in the prior program year and a projection for the coming program year on the Part II utilization form of the application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application.

SDOH – Social Determinants of Health

Seeking Safety - a present-focused treatment for clients with a history of trauma and substance abuse.

SEDS – Social Emotional Development Specialist.

SEL – Social Emotional Learning

SIM – Sequential Intercept Mapping, a model developed by SAMHSA

SOAR - SSI/SSDI Outreach, Access, and Recovery. Assistance with completing applications for Social Security Disability and Supplemental Income, provided to homeless population

SSI – Supplemental Security Income, a program of Social Security

SSDI – Social Security Disability Insurance, a program of Social Security

SSPC - Social Skills and Prevention Coaches.

SUD – Substance Use Disorder

SUPR or IDSUPR – (Illinois Division of) Substance Use Prevention & Recovery

TANF- Temporary Assistance for Needy Families

TPCs - Treatment Plan Clients – This is the number of service recipients with case records and treatment plans. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form of the application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application. Treatment Plan Clients may be divided into two groups – Continuing TPCs - clients with treatment plans written prior to the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported. Essentially it is a case carried from one program year into the next. The other is New TPCs that is the number of new clients with treatment plans written in a given quarter of the program year.

TPITOS - The Pyramid Infant-Toddler Observation Scale. Used by Champaign County Head Start.

TPOT - Teaching Pyramid Observation Tool. Used by Champaign County Head Start.

WHODAS – World Health Organization Disability Assessment Schedule. It is a generic assessment instrument for health and disability and can be used across all diseases, including mental and addictive disorders. The instrument covers 6 domains: Cognition, Mobility; Self-care; Getting along; Life activities; and Participation. Replaces the Global Assessment of Functioning in the DSM-V.

WRAP – Wellness Recovery Action Plan, is a manualized group intervention for adults that guides participants through the process of identifying and understanding their personal wellness resources and then helps them develop an individualized plan to use these resources on a daily basis to manage their mental illness.

YASI – Youth Assessment and Screening Instrument. Instrument assesses risks, needs, and protective factors in youth. Instrument is used in Champaign County by the Youth Assessment Center, Juvenile Detention Center.

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**Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities
Staff Report – October 2022**

CCDDB/CCMHB: I cloned programs in the online claims system. The PY23 1st Quarter programs and claims were cloned to give agencies the ability to begin reporting PY23 2nd Quarter claims. I also completed compiling the agency Performance Outcome Reports into one document. This document can be found in the Downloadable Files section of the Champaign County (Illinois) Mental Health Board (CCMHB) and Developmental Disabilities Board (CCDDB) Registration, Application, and Reporting System site (<https://ccmhddbrds.org>). PY23 1st Quarter Service Activity Reports are due on October 30, 2022.

Using data from the PY22 4th Quarter reports, I have compiled the 'Utilization Summaries for PY2022 CCDDB and CCMHB I/DD Programs' document.

The Financial Review for CU Autism Network or the Financial Compilation for CU Able have not been received. CU Autism was granted an extension until 12/31/2022. Champaign County Down Syndrome Network has not submitted the PY20 audit.

Program Site Visits for DSC's Family Development and Workforce Development and Retention programs are scheduled for October 19, 2022. The DSC Individual and Family Support and Service Coordination site visits are scheduled to be completed by November 1, 2022.

Executive Director Canfield and I met with representatives from CCRPC related to staffing challenges in the Decision Support PCP program. CCRPC staff shared that they are close to being fully staffed again.

Executive Director Canfield and I also met with representatives from the Stephen's Family YMCA/Larkin's Place to discuss the CCDDB funding process and requirements. I shared the CCDDB Funding Guidelines, CCDDB PY23 Priorities, and the Draft I/DD Special Initiatives Fund Priorities with Alyssa Anderson, Larkin's Place Director before this meeting.

I assisted Mr. Bryson with the Program Site Visit for Community Services Center of Northern Champaign County. A new Executive Director took over in July 2022. CSCNCC has increased their outreach efforts in the community to reach people who may not have previously been aware of the services provided at CSCNCC. The CCRPC Head Start/Early Head Start Early Childhood Mental Health Services site visit was rescheduled for October 20, 2022.

I participated in meetings with the Online System developer to discuss content for the Online Reporting System workshop. I also emailed both System Developers regularly regarding necessary fixes in the system.

CCDDDB Contract Amendments: DSC Community Employment and DSC Community Living contracts were amended to increase the number of Transition Plan Clients (TPCs) due to indirect services being unallowable billings through the HBS waiver.

Learning Opportunities: On September 29, 2022, Alex Campbell, EMK Consulting presented a user training for the Online Reporting System. The presentation was held virtually, recorded, and the recording will be posted on the (<https://ccmhddbrds.org>) website.

Elise Belknap, Ph.D., NCC is scheduled to present on November 10, 2022. This will be a de-escalation training at the request of a previous workshop attendees.

NACBHDD: I was unable to attend the September meeting of the I/DD committee. I participated in a meeting with NACBHDD Executive Director Jonah Cunningham and Executive Director Canfield to discuss the state of Illinois I/DD supports and services.

Disability Resource Expo: Miranda Delanty and I stuffed 343 pencil bags with various fidgets for the Children's Activity Bags for the 2022 Expo in place of the Children's Activity Room. I also spent a few hours with Barb Bressner and Ashley Withers at the Expo Storage Facility. This time was spent determining which items would be needed for the upcoming event and organizing those items for ease of loading them out for the Expo. I completed several other DISABILITY Resource Expo related tasks, including ordering gloves, hand sanitizer (small logo bottles and large bottles for the event), and masks. I also loaded the Expo Resource book and event map onto flash drives.

The Expo is still in need of volunteers. You can sign-up here:

<https://www.signupgenius.com/go/60B0845ADA82CA0F58-disability>

UIUC School of Social Work Community Learning Lab: I continue working with four University of Illinois BSW seniors on a weekly basis. The students are working to create more DISABILITY Resource Expo exhibitor videos. The students chose to create their first video with the new director of Larkin's Place and will also be working with the Champaign County Clerk and Recorder of Deeds for a second video.

Other activities: I participated in the October Human Services Council meeting. There was a Fair Housing presentation from Foluke Akanni, Housing Policy Organizer, Housing Action Illinois and Michael Chavarria, Executive Director, HOPE Fair Housing Center. Katina Wilcher, LCSW, M.Ed Director, LIFT Champaign also presented on the LIFT program. The LIFT (LEADING INDIVIDUALS AND FAMILIES TO TRANSFORMATION) program is a partnership between Unit 4 and the City of Champaign. The program focuses on African American youth in grades K-12 (and their families) who are experiencing significant challenges academically and personally. The program provides trauma-informed care through intensive wraparound services and school and community resources.

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

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

Staff Report- October 2022

Summary of Activity

CCMHB Three Year Plan 2022-2024 with Draft PY23 Objectives document was emailed to agencies and stakeholders for feedback on the revised objectives. The deadline for comments is due by October 22, 2022. The Plan with the final draft of PY2023 objectives will be presented to the Board for approval in November.

During October, I worked on PY22 Utilization Summaries for CCMHB and CCDDDB I/DD Programs. The summaries show each program's consumer outcomes for the year. This report will be included in the November Board packet.

PY23 First Quarter Financial and Program Reports are due Friday, October 28, 2022, by 11:59 PM CST. Agencies are encouraged to submit a *Request for Deadline Extension* form before the due date for late reports.

CCMHB staff and the United Way of Champaign County are collaborating for the CCMHB/DDB Joint Study Session on October 26, 2022. We are bringing together agencies and stakeholders who work with the homeless population for a virtual roundtable discussion on the issues surrounding homelessness in Champaign County. I am working closely with United Way's Chief Impact Officer Ms. Beverly Baker on this joint discussion.

Community Service Center of Northern Champaign County in-person site visit was completed in early October. No significant issues were found during the visit. Ms. Bowdry assisted in the site visit. Other site visits scheduled for October are CCRPC Head-Start/Early Head Start, Terrapin Station Sober Living, Crisis Nursey, and Grow.

Criminal Justice-Mental Health: Attended the I-Plan Behavioral Health Workgroup via zoom. The new I-Plan Coordinator Mr. JR Lil facilitated the meeting and addressed the goals for the group and next action steps. The next meeting is scheduled for Thursday October 20th.

Reentry Council: The Council met and reviewed a data survey, suggested stakeholders list, and discussed tabled agenda items: Housing and Transportation Barriers and Criminal Justice Reform Recommendations/Ideas Discussion.

Continuum of Service Providers to the Homeless (CSPH): During the CSPH Full Board Meeting, members listened to presentations from Fair Hope Housing Center and Housing Action Illinois on the recent state law change, creating fair housing protections based on income and resources for people to use if they think they have been discriminated against.

Rantoul Service Provider's Meeting: The next meeting will take place on Monday, October 17th.

ACMHAI Committee Meeting: Attended the ACMHAI I/DD Committee. Committee members heard presentations from Jim Haptonstahl Vice President of Institutional Giving United Cerebral

Palsy Seguin of Greater Chicago (UCP Seguin) and Lori Opiela Chief Policy, Research, & Advocacy Officer, United Cerebral Palsy Seguin of Greater Chicago (UCP Seguin).

Other Activities:

- Ms. Canfield and I met with Promise Healthcare staff discuss to the online system workshop, subcontracts, CCMHB funding processes, and addressing communication needs and concerns.
- I participated in a DSC site visit led by Ms. Bowdry and Ms. Howard-Gallo.
- Weekly meetings with U of I Human Development and Family Studies (HDFS) graduate students on our participatory research project. The students and I are deciding which theoretical framework and methodologies will be used for the project.
- Participated in the Online system workshop for CCMHB/DDB agencies with Ms. Bowdry and System developer Alex Campbell.
- Participated in several Expo Steering Committee meetings. Members are discussing all the components for the October 22nd event including the budget, marketing and advertising plans, defining volunteer duties, and so forth.

Learning Opportunities (Trainings and Webinars) :

- National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) Webinar: Equity in Suicide Prevention.
- Quality Matters: An Update From NCQA On Behavioral Health Measurement Trends. The National Committee for Quality Assurance (NCQA) collects information on the performance of health care service delivery from health plans covering more than 191 million people using its proprietary Healthcare Effectiveness Data and Information Set, or HEDIS.

Stephanie Howard-Gallo

**Operations and Compliance Coordinator Staff Report –
October 2022 Board Meeting**

SUMMARY OF ACTIVITY:

Audits/Financial Reviews:

Promise Healthcare, DREAAM, CU Able, and CU Autism Network (CUAN) still owe audits, financial reviews, or compilations.

Fourth Quarter Reporting (last year's contracts):

4th Quarter financial and program reports for all funded programs were due August 26th. As reported in my September staff report, Mahomet Area Youth Club (MAYC) did not request an extension prior to the deadline and did not submit reports. A letter of suspension was issued on August 31. They have since submitted all required reports and payments to them have resumed.

First Quarter Reporting:

First Quarter reports will be due at the end of October. I sent out a reminder to all the agencies of the upcoming due date.

Other Compliance:

DREAAM has not completed a corrective action plan sent to them on July 14, 2022. A contract for 2023 has not been issued because of this.

Site Visits:

In September and October, I participated (along with Kim and Leon) in site visits for:

- DSC Community Living (program site visit)

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

I attended the final Expo Steering Committee meeting on October 5th. I am coordinating the art show for the Disability Expo scheduled for October 22, 2022 at Marketplace Mall from 11 a.m. to 4 p.m. So far, eight artists/groups have signed up. We are providing, tables, chairs,

tablecloths, face masks, hand sanitizer, water, and snacks for the artists.

Other:

- Prepared meeting materials for CCMHB/CCDDB regular meetings, special meetings, and study sessions/presentations.
- Composed minutes from the CCDDB/CCMHB meetings.
- Participated in meetings and study sessions for the CCDDB/CCMHB.

October 2022 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:

- **Reminder about CLC Required Training:**
Community Choices Human Rights and Advocacy Group- A training has been developed by the members of the Human Rights Advocacy Group. This training focuses on how to work with people living with a disability. If your organization will utilize this as a training as a funding requirement, please include me in your correspondence with Hannah Sheets.

HRA Training Guidelines

- 5 trainings in FY23 for DDB/CCMHB Funded Organizations.
- Preferred day of the week is on Thursdays at 10am or 3pm
- You must Schedule your training at least one week before the training dates.

Please contact Hannah Sheets at hannah@communitychoicesinc.org to schedule your presentation.

PY 23- update to 2nd Quarter Reports - I have reviewed the 4th Quarter Reports for the CCMHB/DDB Funded Organizations. Reminder that 2nd Quarter requirement will be the requirement of add the demographics of board that will show the reflection of the value of diversity, cultural competence, and qualities of the Board Composition.

Cultural Competence Training/Support

Community Choices- Completed a CLC Site Visit for Community Choices on September 13, 2022

Mahomet Area Youth Club - Support for PY22 4th Quarter CLC Report and desk review of 4th quarter CLC Plan reports.

Urbana Neighborhood Connections: Support for CLC Reporting and Updates to the CLC Plan for the incoming Executive Director.

CLC Coordinator Direct Service Activities

Mental Health First Aid-

Mental Health First Aid now has a statewide coordinated person. For information, please refer to the website: <http://mhfaillinois.org/>

CLC Site Visits: I have started to schedule CLC Site visits for organizations. There will be a comprehensive review of CLC Work within the agencies that will review the PY22 Activities.

October 2022 Staff Report- Shandra Summerville

Cultural and Linguistic Competence Coordinator

Anti-Stigma Activities/Community Collaborations and Partnerships

Disability Resource Expo Committee- I met with Becca Obuchowski on creating descriptions for the volunteers and updated needs for the Expo. I created the sign-up link and attended the final meeting to work out logistics with the committee for the Disability Expo. I will provide support for the Volunteer Coordinator and Other needs for set up and tear down.

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 as a research team. We have started to meet for the fall semester. The team presented at the Research Symposium on October 7, 2022 about the ASPIRE Program and the results of the research.

ACHMAHI

I attended the Children's Behavioral Health Committee Meeting on July 28, 2022. We discussed the ACHMAI strategic plan and reviewed the survey analysis of the Evidence Based Practice Programs in counties where 377/708 Boards are present Results are attached. I attended the ACMHAI Quarterly Meeting on August 11 & 12 in Bloomington, IL.

United Way Emerging Community Leader Program:

Emerging Community Leaders is a program in partnership with United Way of Champaign County. This program is to work with future leaders to introduce them to non-profit organizations and board service in Champaign County. I attended the Volunteer Community Service Team Presentations. There was a project that worked on increasing awareness within the community about 2-1-1.

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

Call to Action to Address Racism & Social Injustice at the University of Illinois (Highly Recommended)

<https://calltoaction.illinois.edu/>

The University of Illinois Call to Action to Address Racism & Social Injustice is a commitment by our university to put the need to address systemic racism and generationally embedded racial disparity into concrete action to find new solutions. Announced by Chancellor Robert J. Jones in July 2020, the Call to Action includes an \$2 million annual commitment designed to quickly and permanently transform the way our own university supports, prioritizes, and recognizes the research of scholars working on issues of systemic racism in the United States. Chancellor Jones has also charged a steering committee and four working groups to identify the work that we must commit to now, in order to create a campus that is free of structural and systemic racism and bias.

October 2022 Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

Visualizing the Impact of the Opioid Overdose Crisis

https://nihcm.org/publications/visualizing-the-impact-of-the-opioid-overdose-crisis?utm_source=NIHCM+Foundation&utm_campaign=7d3624c5c7-091522_SUD_archive&utm_medium=email&utm_term=0_6f88de9846-7d3624c5c7-167751988

Strategies to Reduce Drug Overdose Deaths: Promote Evidence-based Solutions from Prevention to Recovery



Improve Data Collection

- Promote the timely collection of local data, including demographics
- Make real-time, disaggregated data available for identifying at-risk groups
- Use information gathered to inform effective, community-tailored strategies



October 2022 Staff Report- Shandra Summerville

Cultural and Linguistic Competence Coordinator

Yearly CLC PY22 Reporting as of 10/1/2022

2022 CCMHB/DDB Agency Cultural and Linguistic Reporting Form

Agency	3rd Quarterly Reports Completed	4th Quarterly Reports Completed
Champaign County Head Start(RPC) (DDB/MHE)	Yes	Yes -Submitted 8-25-22
County Regional Planning Commission Commi	Yes	Yes -Submitted 8-25-22
County Christian Health CenterPOB 5005 Champaign, IL	Yes	Yes -Submitted 8-25-22
Health Care Consumers44 E. Main St., Champaign 61820352-6533ED: Claudi:		Yes-Submitted 8-26-22
nyon Rd., Champaign, IL 61820384-1266 or	Yes	Yes Submitted 8/22/22
Champaign, IL 61820621-1090Executive Director:	Yes	Yes Submitted 8/25/22
INCC)520 E. Wabash, Rantoul, IL 61866893-	Yes	Yes Submitted 8/22/22
52-7151 Fax: 352-1035ED: Elizabeth Cookecook@cour	Yes	Yes Submitted 8/26/22
2731 Fax: 337-2732Cell: 621-4664Executive Director:Yes	Yes	Yes Submitted 8/22/22
Stephanie Record		Yes- Submitted 8/24/22
Urbana, Illinois 61803(412) 953-8434 Con	Yes	Yes- Submitted 8/26/22
)1301 N.Cunningham Ave.Urbana, IL 6180	Yes	Yes- Submitted 8/26/22
Champaign, IL 61824548-4346 or560-2194 Tra	Yes	Yes- Submitted 8/26/22
, IL 61822356-9176 or 369-8475 Fax: 356-9	Yes	Yes Submitted 8/22/22
gn 61824-1396355-5437Executive Director: Sam BanksYes	Yes	Yes Submitted 8/31/22*
Charles Burton		Extension Requested
52-9521Executive Director: Sheryl Bautch (sbautch@fam	Yes	Yes Submitted 8/3/2022
ilyservicecc.org)		Yes Submitted 8/26/22
orPOB 8923 Champaign, IL 61826FirstFollic	Yes	Yes Submitted 8/26/22
GROW Illinois	Yes	Yes Submitted 8/26/22
Mahomet Area Youth Club	Yes	Yes Submitted 9/23/22
PACE	Submitted 2/10/22	Yes Submitted 8/26/22
Promise Healthcare Systems	Yes	Yes Submitted 8/5/22
Rape Advocacy, Counsleing& Education	Yes	Yes Submitted 8/10/22
Refugee Assistance Center	Yes	Yes Submitted 8/25/22
Rosecrance C-U	Yes	Yes Submitted 8/20/22
UP(Uniting Pride) Center		Yes Submitted 8/24/22
Urbana Neighborhood Connections	Yes	Yes Submitted 8/27/22
The WELL	Yes	Yes Submitted 8/24/22
WIN Recovery	YES	Yes Submitted 8/31/22
Terripen Station	Yes	Yes Submitted 8/31/22

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Champaign County, IL



YEAR-TO-DATE BUDGET REPORT

FOR 2022 09

ACCOUNTS FOR: ORIGINAL ESTIM REV ESTIM REV REVISED EST REV ACTUAL YTD REMAINING PCT
 2090 MENTAL HEALTH ESTIM REV ADJUSTMS EST REV REVENUE REVENUE REVENUE USE/COI

20000072 MENTAL HEALTH

400101 PROPERTY TAXES - CURRENT

20000072 400101 PROPERTY TAXES -5,502,918 0 -5,502,918 -4,271,286.29 -1,231,631.71 77.6%*
 TOTAL PROPERTY TAXES - CURRENT -5,502,918 0 -5,502,918 -4,271,286.29 -1,231,631.71 77.6%

400103 PROPERTY TAXES - BACK TAX

20000072 400103 PROPERTY TAXES -1,000 0 -1,000 -1,000 .00 -1,000.00 .0%*
 TOTAL PROPERTY TAXES - BACK TAX -1,000 0 -1,000 .00 -1,000.00 .0%

400104 PAYMENT IN LIEU OF TAXES

20000072 400104 PAYMENT IN LIEU -2,000 0 -2,000 -1,473.55 -526.45 73.7%*
 TOTAL PAYMENT IN LIEU OF TAXES -2,000 0 -2,000 -1,473.55 -526.45 73.7%
 TOTAL MENTAL HEALTH -5,505,918 0 -5,505,918 -4,272,759.84 -1,233,158.16 77.6%

20000105 MENTAL HEALTH

400476 OTHER INTERGOVERNMENTAL

20000105 400476 OTHER INTERGOV -395,426 0 -395,426 -263,616.00 -131,810.00 66.7%*
 TOTAL OTHER INTERGOVERNMENTAL -395,426 0 -395,426 -263,616.00 -131,810.00 66.7%
 TOTAL MENTAL HEALTH -395,426 0 -395,426 -263,616.00 -131,810.00 66.7%

20000132 MENTAL HEALTH

400801 INVESTMENT INTEREST

20000132 MENTAL HEALTH

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Champaign County, IL



YEAR-TO-DATE BUDGET REPORT

FOR 2022 09

ACCOUNTS FOR:	ORIGINAL ESTIM REV	ESTIM REV ADJUSTM'S	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
2090 MENTAL HEALTH						
20000132 400801 INVESTMENT INTE	-2,000	0	-2,000	-11,402.89	9,402.89	570.1%
TOTAL INVESTMENT INTEREST	-2,000	0	-2,000	-11,402.89	9,402.89	570.1%
TOTAL MENTAL HEALTH	-2,000	0	-2,000	-11,402.89	9,402.89	570.1%
20000137 MENTAL HEALTH						
400901 GIFTS AND DONATIONS						
20000137 400901 GIFTS AND DONAT	-3,000	0	-3,000	.00	-3,000.00	.0%*
TOTAL GIFTS AND DONATIONS	-3,000	0	-3,000	.00	-3,000.00	.0%
400902 OTHER MISCELLANEOUS REVENUE						
20000137 400902 OTHER MISCELLAN	-45,000	0	-45,000	-78,213.00	33,213.00	173.8%
TOTAL OTHER MISCELLANEOUS REVENUE	-45,000	0	-45,000	-78,213.00	33,213.00	173.8%
TOTAL MENTAL HEALTH	-48,000	0	-48,000	-78,213.00	30,213.00	162.9%
20000154 MENTAL HEALTH						
501001 STATIONERY AND PRINTING						
20000154 501001 STATIONERY AND	1,500	0	1,500	.00	1,500.00	.0%
TOTAL STATIONERY AND PRINTING	1,500	0	1,500	.00	1,500.00	.0%
501002 OFFICE SUPPLIES						
20000154 501002 OFFICE SUPPLIES	3,700	0	3,700	2,422.95	1,277.05	65.5%

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Champaign County, IL



YEAR-TO-DATE BUDGET REPORT

FOR 2022 09

ACCOUNTS FOR:	ORIGINAL ESTIM REV	ESTIM REV ADJUSTM	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
2090 MENTAL HEALTH						
TOTAL OFFICE SUPPLIES	3,700	0	3,700	2,422.95	1,277.05	65.5%
501003 BOOKS, PERIODICALS, AND MANUAL						
20000154 501003 BOOKS, PERIODIC	300	0	300	.00	300.00	.0%
TOTAL BOOKS, PERIODICALS, AND MANUAL	300	0	300	.00	300.00	.0%
501004 POSTAGE, UPS, FEDEX						
20000154 501004 POSTAGE, UPS, F	2,000	0	2,000	642.93	1,357.07	32.1%
TOTAL POSTAGE, UPS, FEDEX	2,000	0	2,000	642.93	1,357.07	32.1%
501005 FOOD NON-TRAVEL						
20000154 501005 FOOD NON-TRAVEL	150	0	150	149.89	.11	99.9%
TOTAL FOOD NON-TRAVEL	150	0	150	149.89	.11	99.9%
501017 EQUIPMENT LESS THAN \$5000						
20000154 501017 EQUIPMENT LESS	7,000	0	7,000	6,802.00	198.00	97.2%
TOTAL EQUIPMENT LESS THAN \$5000	7,000	0	7,000	6,802.00	198.00	97.2%
502001 PROFESSIONAL SERVICES						
20000154 502001 PROFESSIONAL SE	162,000	-30,000	132,000	81,613.06	50,386.94	61.8%
TOTAL PROFESSIONAL SERVICES	162,000	-30,000	132,000	81,613.06	50,386.94	61.8%
502002 OUTSIDE SERVICES						
20000154 502002 OUTSIDE SERVICE	11,000	25,000	36,000	27,722.18	8,277.82	77.0%

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Champaign County, IL

YEAR-TO-DATE BUDGET REPORT



FOR 2022 09

ACCOUNTS FOR:	ORIGINAL ESTIM REV	ESTIM REV ADJUSTM	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
ACCOMMENTS FOR:						
2090 MENTAL HEALTH						
TOTAL OUTSIDE SERVICES	11,000	25,000	36,000	27,722.18	8,277.82	77.0%
502003 TRAVEL COSTS						
20000154 502003 TRAVEL COSTS	1,500	0	1,500	493.42	1,006.58	32.9%
TOTAL TRAVEL COSTS	1,500	0	1,500	493.42	1,006.58	32.9%
502004 CONFERENCES AND TRAINING						
20000154 502004 CONFERENCES AND TRAINING	16,000	-10,000	6,000	1,330.88	4,669.12	22.2%
TOTAL CONFERENCES AND TRAINING	16,000	-10,000	6,000	1,330.88	4,669.12	22.2%
502007 INSURANCE (NON-PAYROLL)						
20000154 502007 INSURANCE (non-	18,000	0	18,000	7,813.67	10,186.33	43.4%
TOTAL INSURANCE (NON-PAYROLL)	18,000	0	18,000	7,813.67	10,186.33	43.4%
502011 UTILITIES						
20000154 502011 UTILITIES	1,000	0	1,000	492.70	507.30	49.3%
TOTAL UTILITIES	1,000	0	1,000	492.70	507.30	49.3%
502012 REPAIR AND MAINT						
20000154 502012 REPAIRS AND MAINT	600	0	600	.00	600.00	.0%
TOTAL REPAIR AND MAINT	600	0	600	.00	600.00	.0%
502013 RENTAL						
20000154 502013 RENTAL	24,800	0	24,800	17,921.37	6,878.63	72.3%

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Champaign County, IL

YEAR-TO-DATE BUDGET REPORT

FOR 2022 09

ACCOUNTS FOR: 2090 MENTAL HEALTH	ORIGINAL ESTIM REV	ESTIM REV ADJUSTM	REVERSED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
TOTAL RENTAL	24,800	0	24,800	17,921.37	6,878.63	72.3%
502014 FINANCE CHARGES AND BANK FEES						
20000154 502014 FINANCE CHARGES	30	0	30	.00	30.00	.0%
TOTAL FINANCE CHARGES AND BANK FEES	30	0	30	.00	30.00	.0%
502019 ADVERTISING, LEGAL NOTICES						
20000154 502019 ADVERTISING, LE	500	0	500	.00	500.00	.0%
TOTAL ADVERTISING, LEGAL NOTICES	500	0	500	.00	500.00	.0%
502021 DUES, LICENSE, & MEMBERSHIP						
20000154 502021 DUES, LICENSE &	20,000	0	20,000	17,719.99	2,280.01	88.6%
TOTAL DUES, LICENSE, & MEMBERSHIP	20,000	0	20,000	17,719.99	2,280.01	88.6%
502022 OPERATIONAL SERVICES						
20000154 502022 OPERATIONAL SER	58,300	-5,000	53,300	17,573.88	35,726.12	33.0%
TOTAL OPERATIONAL SERVICES	58,300	-5,000	53,300	17,573.88	35,726.12	33.0%
502024 PUBLIC RELATIONS						
20000154 502024 PUBLIC RELATION	13,000	30,000	43,000	24,370.00	18,630.00	56.7%
TOTAL PUBLIC RELATIONS	13,000	30,000	43,000	24,370.00	18,630.00	56.7%
502025 CONTRIBUTIONS & GRANTS						
20000154 502025 CONTRIBUTIONS &	5,391,621	0	5,391,621	3,993,900.00	1,397,721.00	74.1%

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Champaign County, IL



YEAR-TO-DATE BUDGET REPORT

FOR 2022 09

ACCOUNTS FOR:	ORIGINAL ESTIM REV	ESTIM REV ADJUSTMS	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
2090 MENTAL HEALTH						
TOTAL CONTRIBUTIONS & GRANTS	5,391,621	0	5,391,621	3,993,900.00	1,397,721.00	74.1%
TOTAL MENTAL HEALTH	5,733,001	10,000	5,743,001	4,200,968.92	1,542,032.08	73.1%
20000198 MENTAL HEALTH						
700101 TRANSFERS OUT						
20000198 700101 TRANSFERS OUT	19,800	-10,000	9,800	.00	9,800.00	.0%
TOTAL TRANSFERS OUT	19,800	-10,000	9,800	.00	9,800.00	.0%
TOTAL MENTAL HEALTH	19,800	-10,000	9,800	.00	9,800.00	.0%
TOTAL MENTAL HEALTH	-198,543	0	-198,543	-425,022.81	226,479.81	214.1%
TOTAL REVENUES	-5,951,344	0	-5,951,344	-4,625,991.73	-1,325,352.27	
TOTAL EXPENSES	5,752,801	0	5,752,801	4,200,968.92	1,551,832.08	

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Champaign County, IL



YEAR-TO-DATE BUDGET REPORT

FOR 2022 09

ACCOUNTS FOR:	ORIGINAL ESTIM REV	ESTIM REV ADJUSTM	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
2101 SPECIAL INITIATIVES						
21000070 MHB/DBB CILA FACILITIES						
400801 INVESTMENT INTEREST						
21000070 400801 INVESTMENT INTE	-200	0	-200	-3,118.60	2,918.60	1559.3%
TOTAL INVESTMENT INTEREST	-200	0	-200	-3,118.60	2,918.60	1559.3%
TOTAL MHB/DBB CILA FACILITIES	-200	0	-200	-3,118.60	2,918.60	1559.3%
21000082 MHB/DBB CILA FACILITIES						
400902 OTHER MISCELLANEOUS REVENUE						
21000082 400902 OTHER MISCELLAN	0	0	0	-260,368.90	260,368.90	100.0%
TOTAL OTHER MISCELLANEOUS REVENUE	0	0	0	-260,368.90	260,368.90	100.0%
TOTAL MHB/DBB CILA FACILITIES	0	0	0	-260,368.90	260,368.90	100.0%
21000096 MHB/DBB CILA FACILITIES						
501017 EQUIPMENT LESS THAN \$5000						
21000096 501017 EQUIPMENT LESS	6,176	0	6,176	.00	6,176.00	.0%
TOTAL EQUIPMENT LESS THAN \$5000	6,176	0	6,176	.00	6,176.00	.0%
502001 PROFESSIONAL SERVICES						
21000096 502001 PROFESSIONAL SE	9,000	-8,000	1,000	600.00	400.00	60.0%
TOTAL PROFESSIONAL SERVICES	9,000	-8,000	1,000	600.00	400.00	60.0%
502002 OUTSIDE SERVICES						

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Champaign County, IL



YEAR-TO-DATE BUDGET REPORT

FOR 2022-09

ACCOUNTS FOR: I/DD SPECIAL INITIATIVES	ORIGINAL ESTIM REV	ESTIM REV ADJSTMTS	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
21000096 502002 OUTSIDE SERVICE	5,800	0	5,800	.00	5,800.00	.0%
TOTAL OUTSIDE SERVICES	5,800	0	5,800	.00	5,800.00	.0%
502007 INSURANCE (NON-PAYROLL)						
21000096 502007 INSURANCE (NON-	4,200	0	4,200	316.33	3,883.67	7.5%
TOTAL INSURANCE (NON-PAYROLL)	4,200	0	4,200	316.33	3,883.67	7.5%
502011 UTILITIES						
21000096 502011 UTILITIES	4,603	0	4,603	.00	4,603.00	.0%
TOTAL UTILITIES	4,603	0	4,603	.00	4,603.00	.0%
502012 REPAIR AND MAINT						
21000096 502012 REPAIRS AND MAI	10,000	8,000	18,000	12,562.00	5,438.00	69.8%
TOTAL REPAIR AND MAINT	10,000	8,000	18,000	12,562.00	5,438.00	69.8%
502014 FINANCE CHARGES AND BANK FEES						
21000096 502014 FINANCE CHARGES	69	0	69	.00	69.00	.0%
TOTAL FINANCE CHARGES AND BANK FEES	69	0	69	.00	69.00	.0%
502017 WASTE DISPOSAL AND RECYCLING						
21000096 502017 WASTE DISPOSAL	2	0	2	.00	2.00	.0%
TOTAL WASTE DISPOSAL AND RECYCLING	2	0	2	.00	2.00	.0%
502021 DUES, LICENSE, & MEMBERSHIP						

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Champaign County, IL

YEAR-TO-DATE BUDGET REPORT

FOR 2022 09

ACCOUNTS FOR:	ORIGINAL ESTIM REV	ESTIM REV ADJUSTMS	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
2100						
2101 I/DD SPECIAL INITIATIVES						
21000096 502021 DUES, LICENSE &	350	0	350	.00	350.00	.0%
TOTAL DUES, LICENSE, & MEMBERSHIP	350	0	350	.00	350.00	.0%
TOTAL MHB/DDB CILA FACILITIES	40,200	0	40,200	13,478.33	26,721.67	33.5%
21000115 MHB/DDB CILA FACILITIES						
600101 TRANSFERS IN						
21000115 600101 TRANSFERS IN	-50,000	0	-50,000	-50,000.00	.00	100.0%
TOTAL TRANSFERS IN	-50,000	0	-50,000	-50,000.00	.00	100.0%
TOTAL MHB/DDB CILA FACILITIES	-50,000	0	-50,000	-50,000.00	.00	100.0%
21000123 MHB/DDB CILA FACILITIES						
800501 BUILDINGS						
21000123 800501 BUILDINGS	10,000	0	10,000	.00	10,000.00	.0%
TOTAL BUILDINGS	10,000	0	10,000	.00	10,000.00	.0%
TOTAL MHB/DDB CILA FACILITIES	10,000	0	10,000	.00	10,000.00	.0%
TOTAL I/DD SPECIAL INITIATIVES	0	0	0	-300,009.17	300,009.17	100.0%
TOTAL REVENUES	-50,200	0	-50,200	-313,487.50	263,287.50	
TOTAL EXPENSES	50,200	0	50,200	13,478.33	36,721.67	

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Champaign County, IL

YEAR-TO-DATE BUDGET REPORT

FOR 2022 09



ACCOUNTS FOR:	DEVLPMNTL DISABILITY FUND	ORIGINAL ESTIM REV	ESTIM REV ADJUSTMS	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
21000046 DEVLPMNTL DISABILITY FUND							
400101 PROPERTY TAXES - CURRENT							
21000046 400101	PROPERTY TAXES	-4,518,334	0	-4,518,334	-3,508,279.04	-1,010,054.96	77.6%*
	TOTAL PROPERTY TAXES - CURRENT	-4,518,334	0	-4,518,334	-3,508,279.04	-1,010,054.96	77.6%
400103 PROPERTY TAXES - BACK TAX							
21000046 400103	PROPERTY TAXES	-1,000	0	-1,000	.00	-1,000.00	.0%*
	TOTAL PROPERTY TAXES - BACK TAX	-1,000	0	-1,000	.00	-1,000.00	.0%
400104 PAYMENT IN LIEU OF TAXES							
21000046 400104	PAYMENT IN LIEU	-2,000	0	-2,000	-1,209.97	-790.03	60.5%*
	TOTAL PAYMENT IN LIEU OF TAXES	-2,000	0	-2,000	-1,209.97	-790.03	60.5%
	TOTAL DEVLPMNTL DISABILITY FUND	-4,521,334	0	-4,521,334	-3,509,489.01	-1,011,844.99	77.6%
21000077 DEVLPMNTL DISABILITY FUND							
400801 INVESTMENT INTEREST							
21000077 400801	INVESTMENT INTE	-1,000	0	-1,000	-7,794.76	6,794.76	779.5%
	TOTAL INVESTMENT INTEREST	-1,000	0	-1,000	-7,794.76	6,794.76	779.5%
	TOTAL DEVLPMNTL DISABILITY FUND	-1,000	0	-1,000	-7,794.76	6,794.76	779.5%
21000085 DEVLPMNTL DISABILITY FUND							
400902 OTHER MISCELLANEOUS REVENUE							

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Champaign County, IL

YEAR-TO-DATE BUDGET REPORT

FOR 2022-09

ACCOUNTS FOR:	DEVELOPMENTAL DISABILITY FUND	ORIGINAL ESTIM REV	ESTIM REV ADJUSTMS	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
21000100 DEVELOPMENTAL DISABILITY FUND							
21000085	OTHER MISCELLAN	-8,000	0	-8,000	.00	-8,000.00	.0%
TOTAL OTHER MISCELLANEOUS REVENUE		-8,000	0	-8,000	.00	-8,000.00	.0%
TOTAL DEVELOPMENTAL DISABILITY FUND		-8,000	0	-8,000	.00	-8,000.00	.0%
502001 PROFESSIONAL SERVICES							
21000100	PROFESSIONAL SE	395,426	0	395,426	263,616.00	131,810.00	66.7%
TOTAL PROFESSIONAL SERVICES		395,426	0	395,426	263,616.00	131,810.00	66.7%
502025 CONTRIBUTIONS & GRANTS							
21000100	502025 CONTRIBUTIONS &	4,091,708	0	4,091,708	2,829,655.00	1,262,053.00	69.2%
TOTAL CONTRIBUTIONS & GRANTS		4,091,708	0	4,091,708	2,829,655.00	1,262,053.00	69.2%
TOTAL DEVELOPMENTAL DISABILITY FUND		4,487,134	0	4,487,134	3,093,271.00	1,393,863.00	68.9%
600101 TRANSFERS IN							
21000117	600101 TRANSFERS IN	-6,800	0	-6,800	.00	-6,800.00	.0%
TOTAL TRANSFERS IN		-6,800	0	-6,800	.00	-6,800.00	.0%
700101 TRANSFERS OUT							
21000117	700101 TRANSFERS OUT	50,000	0	50,000	50,000.00	.00	100.0%
TOTAL TRANSFERS OUT		50,000	0	50,000	50,000.00	.00	100.0%
TOTAL DEVELOPMENTAL DISABILITY FUND		43,200	0	43,200	50,000.00	-6,800.00	115.7%

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Champaign County, IL



YEAR-TO-DATE BUDGET REPORT

FOR 2022 09

ACCOUNTS FOR:	DEVLPMNTL DISABILITY FUND	ORIGINAL ESTIM REV	ESTIM REV ADJUSTMTS	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
TOTAL DEVLPMNTL DISABILITY FUND	0	0	0	0	-374,012.77	374,012.77	100.0%
TOTAL REVENUES	-4,537,134		0	-4,537,134	-3,517,283.77	-1,019,850.23	
TOTAL EXPENSES	4,537,134		0	4,537,134	3,143,271.00	1,393,863.00	

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Champaign County, IL



YEAR-TO-DATE BUDGET REPORT

FOR 2022 09

	ORIGINAL ESTIM REV	ESTIM REV ADJUSTMS	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
GRAND TOTAL	-198,543	0	-198,543	-1,099,044.75	900,501.75	553.6%
** END OF REPORT - Generated by Chris M. Wilson **						

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CCMHB Liaison Choices 2022

	Jane Sprandel	Daphne Maurer	Matthew Hausman	Elaine Palencia	Kyle Patterson	Jon Paul Youakin	Joe Omo-Osagie	Alexa McCoy	Molly McLay
Courage Connection (4th Mon., 5:30pm)									
CCRPC (Head Start and Community Services)									
Cunningham Children's Home(meets qtrly)									
**Children's Advocacy Ctr (4th Thurs., 9 am)									
CC Health Care Consumers(4th Thurs., 6 p.m.)									
Christian Health Center (last Sat., 10 a.m.)									
Community Service Ctr (3rd Thurs., 4:30 pm)									
Crisis Nursery (2nd Wed., 5:30 pm)									
Don Moyer (3rd Tues., 7 am)									
DSC (4th Thurs., 5:30 pm)									
DREAAAM House (2nd Thurs., 9 am)									
ECIRMAC (Refugee Ctr (2nd Tues., 4 pm)									
Family Service (2nd Mon., noon)									
First Followers (generally 3rd Fri., 5 pm)									
GROW in IL (last Mon., 7 pm)									
Mahomet Area Youth Club (2nd Tues., 7 am)									
Promise Healthcare (4th Tues., 6 pm)									
RACES (3rd Thurs., 6 pm)									
Rosecrance (last Tues, 4:30 pm)		X							
Terrapin Station Sober Living									
UP Center (3rd Thurs., 6 pm)									
Urbana Neighborhood Conn.(2nd Thurs., 6 pm)									
Well Experience (4th Sat at noon)									
WIN Recovery (2nd Monday, 5:30 p.m.)									
Crisis Intervention Team (bi-monthly Wed 9am)									
Community Coalition (2nd Wed., 3:30pm)			X						
Expo Committees (various)	X								